2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000070425

1. Entity Name
ACCUR-MANAGEMENT CORP.

Principal Place of Business	Mailing Address
5749 CAMINO DEL SOL STE 305 BOCA RATON, FL 33433-6580	5749 CAMINO DEL SOL APT. 305 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1646287

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLI, CARLOS
5749 CAMINO DEL SOL
APT 305
BOCA RATON, FL 33433

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carlos Galli - Secretary 03/31/2005
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAME, ENRIQUE
STREET ADDRESS	2679 S OCEAN BLVD STE 3A
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V
NAME	RAME, MARCELO
STREET ADDRESS	5749 CAMINO DEL SOL STE 305
CITY-ST-ZIP	BOCA RATON, FL 334336580
TITLE	S
NAME	GALLI, CARLOS
STREET ADDRESS	2679 S OCEAN BLVD STE 3A
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Galli - Secretary - 03/31/2005 561-362-4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #