2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048892

1. Entity Name
PEOPLE OF AMERICA, CORP.

FILED
05 MAR -3 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3320 SW 87TH AVE MIAMI, FL 33165	3320 SW 87TH AVE MIAMI, FL 33165

03022005 Chg-P CR2E034 (10/03)

TK

2. Principal Place of Business	3. Mailing Address
891 E 10 Ave	P.O. Box 415020
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Miami Beach FL
Zip: 33010 Country: USA	Zip: 33141 Country: U.S.A

4. FEI Number: 20-2419364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, CARMEN R
10591 SW 56 TERR
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name: Manuel A. Menocal
Street Address (P.O. Box Number is Not Acceptable): 1300 Marseille Dr.
City: Miami Beach FL Zip Code: 33141

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORALES, CARMEN R 10591 SW 56 TERR MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Manuel A. Menocal 1300 Marseille Dr. Miami Beach FL 33141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 03/02/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #