

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90028 050 ***150.00

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40004201



Principal Place of Business 781 NE 4 PLACE HIALEAH, FL 33010	Mailing Address 781 NE 4 PLACE HIALEAH, FL 33010
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01132005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0103837	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDINA, HEIDI 880 EAST 1ST PLACE HIALEAH, FL 33010	7. Name and Address of New Registered Agent Name: Medina Heidi Street Address (P.O. Box Number is Not Acceptable): 781 NE 4 place City: Hialeah FL Zip Code: 33010
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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

Heidi Medina

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. Election Campaign Financing ☐ **\$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	PD MEDINA, HEIDI 880 EAST 1ST PLACE HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Medina Heidi 781 NE 4 place Hialeah FL 33010 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAEZ, CRISTINA E 880 EAST 1ST PLACE HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Paez Cristina E 781 NE 4 place Hialeah FL 33010 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Heidi Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05

Date

Daytime Phone #