

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

P96000092870

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR -7 AM 9:38

\$ 150.00

02/28/05 90233007



02022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P96000092870</b>					
1. Entity Name <b>TALIA CO.</b>					
Principal Place of Business <b>3600 NW 37 COURT MIAMI, FL 33142</b>			Mailing Address <b>3600 NW 37 COURT MIAMI, FL 33142</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOMEZ, ALVARO 3600 NW 37 COURT MIAMI, FL 33142</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOMEZ, ALVARO</b>		NAME		
STREET ADDRESS	<b>3600 NW 37 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORREDOR, NORA</b>		NAME		
STREET ADDRESS	<b>3600 NW 37 COURT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>ALEJANDRO MUELA</b>	
STREET ADDRESS			STREET ADDRESS	<b>3600 N.W. 37 COURT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI - FL - 33142</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>ADRIAN MUELA</b>	
STREET ADDRESS			STREET ADDRESS	<b>3600 N.W. 37 COURT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI - FL 33142</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/04/05