


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000005015</b>		
1. Entity Name 345 RUNA, INC.		

Principal Place of Business 687 HARBOR LANE KEY BISCAINE, FL 33149	Mailing Address 345 HARBOR LANE KEY BISCAINE, FL 33149 US
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0554806	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JUARA, ELISA 687 HARBOR LANE KEY BISCAINE, FL 33149
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUARA, ELISA 687 HARBOR LANE KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD TORANO, MARIA T 345 HARBOR LN KEY BISCAINE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDVP TORANO, RAUL 345 HARBOR DR KEY BISCAINE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/05-80035-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **RAUL TORANO** **1/20/05** **305-445 0611**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #