2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048892 1. Entity Name			FILED 0:25
PEOPLE OF AMERICA, CORP.			2 PH 3. 23
Principal Place of Business 3320 SW 87TH AVE	Mailing Address 3320 SW 87TH AVE		SECKICIANT OF STATE SECKICIANT OF STATE TALLANASSEE, FLORIDA
MIAMI, FL 33165	MIAMI, FL 33165		TALLATITY
2. Principal Place of Business 891 E 10 A v e	3 Mailing Address	415020	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	77 1 - 02 -	03022005 Chg-P CR2E034 (10/03)
HiAlenh F/	MINHI Be	nch F/	4. FEI Number Applied For Not Applied by Not Applied For
330/0 Country A	33/4/	Country, S A	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na			
10591 SW 56 TERR Street A			(P.O. Box Number is Not Acceptable)
		1300 City H 1 K	MARSeille DR. AMI BEACH FL Zip Gg 3/4/
8. The above named entity submits his 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 Signature, typed or printed name of registered agent and bitle if applicable. (NOTE-Registered Agent signature required when reinstating) DATE			
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be			
. After May 1, 2005 Fee will be \$550. 10. OFFICERS AND		bution, Ad	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
me P	Delete		Change Addition
NAME MORALES, CARMEN R STREET ADDRESS 10591 SW 56 TERR CITY-ST-ZIP MIAMI, FL 33173		NAME STREET ADDRESS CITY-ST-ZIP	PARTIES PENEMENDER Change MADdition 1300 MARSEITE DR. HIRMI BEACH F. [3314]
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADORESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500048060275 03/09/0501051010 **158.75
TIFLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP		STREET ADORESS 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 carry legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employeered 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-DEFICER OR DIRECTOR DEFICE OR DIRECTOR DEFICE OR DIRECTOR			