

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000076505</b>
1. Entity Name 2 D CORPORATION

Principal Place of Business 12717 W SUNRISE BLVD #266 SUNRISE, FL 33323	Mailing Address 12717 W SUNRISE BLVD #266 SUNRISE, FL 33323
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**DO NOT WRITE IN THIS SPACE**

04092005 No Chg-P CR2E034 (1Q/03)

4. FEI Number 65-1033452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SANCHEZ, ALBA N  
5440 SR7 STE 221  
FT LAUDERDALE, FL 33319

**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</b> <b>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	U000000326708 04/25/05-80009-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANCHEZ, ALBA N 12717 W SUNRISE BLVD #266 SUNRISE, FL 33323
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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)(f), 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 files empowered.

**SIGNATURE:** Alba N Sanchez president 754-2380201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #