## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90357 026 \*\*\*150.00

DOCUMENT # P97000018087				70		04-20-2005 90357 026 ***150.00					
LAW OFFICES OF IRINA NEMTSEV, P.A.											
Principal Place	of Business	Mailing Address								•	
3868 SHERIC								5	00410	175	
HOLLYWOOD, FL 33021 MIAMI, FL 33179						1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ace of Business  3. Mailing Address										
	e, Apt. #, etc. Suite, Apt. #, etc.					04172005	Chg-P	CR2E	034 (10/03)		
City & State  City & State						4. FEI Numb				plied For t Applicable	
Zip 2 Z	179 Country	Zip	try				s8.75 Additional				
6. Name and Address of Current Registered Agent				,		7. Name and	Address of New I	Registered	Fee Required Agent		
NEMTSEV, IRINA ESQ. 3868 SHERIDAN ST.					Name IRTNA NEMTSELLESO:						
					Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWOOD, FL 33021				19800 NE 10 Avenue							
				City AA AA m				FI	Zip Cod	8 1 7 A	
The above named entity submits this statement for the purpose of changing its registered office.						ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept	
the obligations of registered agenty											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  O4-15-05									72		
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 [		11.	1	0-0		CHANGES TO OF	FICERS AN			
TITLE NAME	PSTD Delete TITU NEMTSEV, IRINA NAM			- 1	NE	NTSEV.	IRINA		Change	Addition	
STREET ADDRESS	3868 SHERIDAN ST			ET ADDRESS	198	OO NE	IRINA 10 Avenu	و			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	□ <b>5</b> -10-1	CITY	-SI-ZIP	Mi	ami, F	<u>C 331</u>	79	☐ Change	☐ Addition	
TITLE NAME		☐ Delete	NAM	I					C Change	☐ Addition	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	□ Delete TITLI			-ST-ZIP					☐ Change	Addition	
NAME		D Delete	NAM						□ oronge		
STREET ADDRESS CITY-ST-ZIP		· ·		ET ADDRESS -ST-ZIP		•	-				
TITLE		☐ Delete	TITL	E					☐ Change	Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-\$1-ZIP							
TITLE		☐ Defete	TITL						Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	IML	i i				·	☐ Change	Addition	
NAME STREET ADDRESS			NAM STRE	EET 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 eath; 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: June Member (President Inna Nember 04-1305 B09933-052											