2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
03-04-2005 90070 021 ***150.00

DOCUMENT # 128678

1. Entity Name
ZURWELLE-WHITTAKER INC

3.

66008133

Principal Place of Business	Mailing Address
95 NE 80TH TERRACE MIAMI, FL 33138 US	95 NE 80TH TERRACE MIAMI, FL 33138 US

01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0519990

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDDIE A
95 NE 80TH TERRACE
MIAMI, FL 33138

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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 _____ DATE 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REEVES,JAMES
STREET ADDRESS	95 NE 80 TERR
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	V
NAME	DOCAL, ABELARDO L
STREET ADDRESS	95 NE 80 TERR
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	PD
NAME	MARTINEZ, EDDIE
STREET ADDRESS	95 NE 80 TERR
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VP
NAME	LA ROSA, PETER DE
STREET ADDRESS	95 NE 80 TERR
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	ST
NAME	MARTINEZ, MARIA
STREET ADDRESS	95 NE 80 TERR
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: _____ 2/28/05 (305)534-4668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #