

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90068 010 ***150.00

20013591



01112005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1277701
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVELIO C YEDO
10320 SW 100 AVE
MIAMI, FL 33176
*14846 S.W. 43 LN.
MIAMI, FL 33185*

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PTD ☐ Delete
NAME YEDO, EVELIO C.
STREET ADDRESS 10320 SW 100 AVE
CITY-ST-ZIP MIAMI, FL 33176

TITLE VSD ☐ Delete
NAME ROJAS, RAQUEL M.
STREET ADDRESS 8120 SW 88 AVE
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME *Address ONLY*
STREET ADDRESS 14846 S.W. 43 LN.
CITY-ST-ZIP MIAMI, FL 33185

TITLE ☒ Change ☐ Addition
NAME *Address ONLY*
STREET ADDRESS 177 OCEAN LANE DR. #308
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS CARLOS M. YEDO
CITY-ST-ZIP 1355 N.W. 97 AVE. Suite 200
MIAMI, FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Raquel M. Rojas RAQUEL M. ROJAS 2/17/05 305-917-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #