

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90039 005 ***150.00

40017397



02092005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1776140** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BERGOLLA, RAFAEL JR.
8014 N.W. 163RD TERR.
MIAMI, FL 33016

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	BERGOLLA, LUIS A.	
STREET ADDRESS	3645 S.W. 162 AVE	
CITY-ST-ZIP	MIRAMAR, FL 330274508	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERGOLLA, RAFAEL A JR	
STREET ADDRESS	8014 N.W. 163 TERR.	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bergolla, Elsa	
STREET ADDRESS	8014 N.W. 163 TERR.	
CITY-ST-ZIP	MIAMI, FLA. 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05
Date

305-887-3088
Daytime Phone #