2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24, 2005 08:00 AM DOCUMENT # F10397 **Secretary of State** 1. Entity Name ARMANDO PARDILLO LAW OFFICES, P.A. Principal Place of Business Mailing Address 1401 PONCE DE LEON BLVD. #202 C/O ARMANDO A. PARDILLO CORAL GABLES FL 33134-4060 1401 PONCE DE LEON BLVD. #202 C/O ARMANDO A. PARDILLO CORAL GABLES FL 33134-4060 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 59-2042151 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARDILLO, ARMANDO A. Street Address (P.O. Box Number is Not Acceptable) 1401 PONCE DE LEON BLVD. #202 CORAL GABLES FL 33140 Zip Code F١ 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 ! am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Requisitered Agent signature required when remstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000194065 🗆 Change 🗀 Addition PST TITLE TIDE □ Delete 01/25/05-80086-015 150.00 PARDILLO, ARMANDO A NAME NAME 4753 ALTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-51-74P Change ☐ Addition TITLE D Delete PARDILLO, ARMANDO A NAME NAME 4753 ALTON ROAD STREET ADDRESS STREET ADDRESS CITY ST-712 CITY-ST-ZIP MIAMI BEACH_FL ☐ Change Delete THLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS. CHIY-SI-7/P CITY-ST-7/P ☐ Change Addition | TITLE ☐ Delete TITLE N.AME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition DEF ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Addition ☐ Change TOLE ☐ Delete HILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP 12. I hereby certify that the information supplied with the flying does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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.

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