## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2005 08:00 AM Secretary of State

	WILLIAM				_	F-	
1. Entity Nam	MENT # H96852 KERY, INC.					Se	cretary of State
Principal Place	e of Business	Mailing Address	1	75.	ļ	-	
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	O NOI WHILE	IIA LUIO	SPA		4. FEI Number		Applied For
}					59-262	8105	Not Applicable
•					5. Certificate	of Status Desired	S8.75 Additional Fee Required
} <del></del> -	6. Name and Address of Current R	edistered Agent			<del></del>	<del> </del>	. as ristance
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WELLING	TON, FL 33414			•	114		70-
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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.							
the opiliations of registered again.							
SIGNATURE Signature, typed of printed name of registered agent and life if applicable (NOTE: Registered Agent s'gnature required when reinstalling) DATE							
9. Election Campaign Financing \$5.00 May Be							
	E NOW!!! FEE IS \$150.00				.00 May Be	Lancara	201000
Attermi	ay 1, 2005 Fee will be \$550.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					0345963
10.	ÓFFICERS AND D	IRECTORS		- Mary and Company on the B	The second second	במיתובית תנונה	<u> </u>
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NAME	ORMAZABAL, ARANZAZU			l			• • •
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CITY-ST-ZIP	WEST PALM BEACH, FL 33414	<del></del>		4			
TITLE	AS		· · · · ·				
NAME	DE MENDOZA, MARIO G. III			ł			
STREET ADDRESS	12765 FOREST HILL BLVD. SUIT	E 1302		ł			
CITY-ST-ZIP	PALM BCH., FL	<del></del>	<del></del> _				
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1. I hereby certify that the information supplied with this filling 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 supplied entering that I am an officer or director.							
12. I hereby certify that the information supplied with this filing 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 true and accurate and that my signature shall have the same legal effects 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachiffent with an address, with all otifer like empowered.							
changed, or on an attachment with an address, with all other like empowered.							
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SIGNAT	UHE: HIGHATURE AND THE COLOR	IOTED HANDANE SIGNING OFFE	CEB OR DIREC	TOP	-1	Date	Davrime Prione y