



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # J87843</b> 1. Entity Name E.P.I.S., INC.	
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Principal Place of Business 1640 NW 17 AVENUE MIAMI, FL 33125 US	Mailing Address 8357 W. FLAGLER ST. PMB # 128 MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE

05 OCT -4 P112:41  
 RECEIVED STATE  
 SECRETARY OF STATE



REINSTATEMENT

4. FEI Number 65-0027484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

GALLENO, JOSE L.  
 1640 NW 17 AVENUE  
 MIAMI, FL 33125

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GALLENO, J.L.
STREET ADDRESS	1640 NW 17 AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	GALLENO, ELIZABETH
STREET ADDRESS	1640 NW 17 AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	GALLENO, LUIS A
STREET ADDRESS	1640 NW 17 AVENUE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/04/05--01009--008 \*\*150.00

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 or other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/05

Date

(305) 404-1212

Daytime Phone #