2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L58594 FILES, INC.					05-04-2005	5 901 57 039 ***	150.00	
Principal Plac 312 SUMME SANFORD, FI	RVILLE LN	Mailing Address 125 S. SWOOPE AVE. SUITE 104 MAITLAND, FL 32751	US			11 AHOL 1840; AUG 1884 AG	1) BITIN BIBN BATIN BIBA BASIN		
2. Principal P	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032005	Chg-P	CR2E034 (10/0	3)		
City & State Milton FI		City & State		4. FEI Numb 59-299			Applied For Not Applicable		
32572 Country SANTA ROSA		Zip	Country		5. Certificate	of Status Desired	☐ \$8.75 / Fee Requ		
	6. Name and Address of Current	Registered Agent			7. Name an	Address of New F	Registered Agent		
CAPLINE	A CI IILIC			Name					
CARLIN, PHILIP A 125 S. SWOOPE AVE. SUITE 104				Street Address (P.O. Box Number is Not Acceptable)					
MAITLAND, FL 32751									
				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.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	d Agent signatur	re required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution.									
10.						1			
	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTO	ORS IN 11	
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NAME	VPD MUNOZ, GUSTABO		TITLE NAMI	E					
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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 cath; 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05 850-983-3072