

2005 FOR-PROFIT CORPORATION ANNUAL REPORT

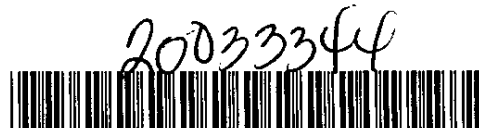
FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 007 ***150.00

DOCUMENT # P00000000028	
1. Entity Name ANGIE SAMBUKO P.A.	

Principal Place of Business 23035 SUNFIELD DR BOCA RATON, FL 33433	Mailing Address 23035 SUNFIELD DR BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0986300	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAMBUKO, ANGIE 23035 SUNFIELD DR BOCA RATON, FL 33433	DO NOT WRITE IN THIS SPACE
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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMBUKO, ANGIE 23035 SUNFIELD DR BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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