## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2005 8:00 am Secretary of State DOCUMENT # P0000001494 04-26-2005 90163 017 \*\*\*158.75 TRG 500 EAST LAS OLAS, INC. Principal Place of Business Mailing Address 2828 CORAL WAY 2828 CORAL WAY PENTHOUSE SUITE PENTHOUSE SUITE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102005 CR2E034 (10/03) 4 FEI Number Applied For City & State City & State 65-1112367 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROCHA, ROBERTO S Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145 City 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, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D TITLE Change ☐ Addition TITLE ☐ Delete DPT PEREZ, JORGE M NAME NAME 2828 CORAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33145 ☐ Delete TIT1 F ☐ Change C Addition TITLE ROCHA, ROBERTO NAME 2828CORAL WAY PENTHOUSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP **V**5 Change Addition TITLE ☐ Delete TITLE HERNANDEZ, ANGEL NAME NAME STREET ADDRESS 2828CORAL WAY PENTHOUSE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP SALK, BARBARA Change 2828 CORAL WAY - PHI MIAMIFL 33145. TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change didition TITLE ☐ Delete Thompson, William 2828 Coral WAY-PH NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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. **ANGEL HERNANDEZ** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

VICE-PRESIDENT

**FILED**