## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 26, 2005 08:00 AM **Secretary of State DOCUMENT # P00000002903** SARRIA HOLDINGS, INC. Principal Place of Business Mailing Address 4725 SOUTHWEST 8TH STREET 4725 SOUTHWEST 8TH STREET MIAMI, FL 33134 MIAMI, FL 33134 CR2E034 (10/03) 01042005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0972814 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SARRIA, FRANCISCO DO NOT WRITE 4725 SW 8TH ST MIAMI, FL 33134 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE SARRIA, FRANCISCO NAME 4725 SOUTHWEST 8TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 -- U00000195958 TITLE 01/26/05-80051-005 150.00 SARRIA, RICARDO STREET ADDRESS 4725 SOUTHWEST 8TH STREET CITY - ST- ZIP MIAMI, FL 33134 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

GRANCISTO

D OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

**FILED**