

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90256 004 ***150.00

14009647



01072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0997483

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUTTON, JOHN O P.A.
2655 LEJEUNE ROAD
PENTHOUSE II
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name A.J. Barranco, Jr
Street Address (P.O. Box Number is Not Acceptable)
Barranco, Kirchner + Vogelsang, P.A.
150 W. Flagler St., Suite 1400
City Miami FL Zip Code 33130

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

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BAEZ, FRANKLIN
STREET ADDRESS 2000 N.W. 93RD AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE D ☐ Delete
NAME MANUEL BRUGAL
STREET ADDRESS 2000 N.W. 93RD. AVENUE
CITY-ST-ZIP MIAMI, FL. 33172

TITLE D ☐ Delete
NAME RICARDO BRUGAL LEON
STREET ADDRESS 2000 N.W. 93RD. AVENUE
CITY-ST-ZIP MIAMI, FL. 33172

TITLE D ☐ Delete
NAME JORGE TORRES
STREET ADDRESS 2000 N.W. 93RD. AVENUE
CITY-ST-ZIP MIAMI, FL. 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/05 (305) 714-0007
Date Daytime Phone #