



FILED
Jan 14, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000070240						
1. Entity Name ENVIOS LA GUERA SOLEDAD, INC.						
Principal Place of Business 4850 E BUSCH BLVD BLDG #7 TAMPA, FL 33617	Mailing Address P.O. BOX 16488 TEMPLE TERRACE, FL 33687					
DO NOT WRITE IN THIS SPACE						
		 01112005 No Chg-P CR2E034 (10/03)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 59-3658423</td><td style="width: 20%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-3658423	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3658423	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						
RUIZ, JORGE 8720 NORTH CALDER PL. TAMPA, FL 33604		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 <u>Melissia Ruiz</u> <u>Melissia Ruiz V.P.</u> <u>01-11-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
		1100000180996 01/14/05-80029-017 158.75				
10. OFFICERS AND DIRECTORS						
TITLE	PS	DO NOT WRITE IN THIS SPACE				
NAME	RUIZ, JORGE					
STREET ADDRESS	4850 E BUSCH BLVD BLD #7					
CITY-ST-ZIP	TAMPA, FL 33617					
TITLE	VTD					
NAME	RUIZ, MELISSIA M					
STREET ADDRESS	4850 E BUSCH BLVD BLD #7					
CITY-ST-ZIP	TAMPA, FL 33617					
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)(f), 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: <u>Melissia Ruiz</u> <u>Melissia Ruiz V.P.</u> <u>01-11-05</u> <u>8139830476</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						