


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/5

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-05-2005 90098 011 ***150.00

DOCUMENT # P00000072975 1. Entity Name DE LA OSA FINANCIAL SERVICES, INC.	
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Principal Place of Business 5001 S.W. 74TH COURT SUITE 202 MIAMI, FL 33155	Mailing Address 5001 S.W. 74TH COURT SUITE 202 MIAMI, FL 33155
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66021316



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE LA OSA, CARLOS 5001 S.W. 74TH COURT SUITE 202 MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	PVST FERNANDEZ, ROSA 5001 S.W. 74TH COURT SUITE 202 MIAMI, FL 33155
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**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:  **5/31/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment
P00000072975*

MANUEL & AURORA AVILA
18331 N.W. 85TH AVENUE
HIALEAH, FL 33015

66021316

Florida Department of Revenue
General Tax Administration
Attn: Mrs. Katherine M. Watson
P.O. Box 6417
Tallahassee, FL 32314-6417

Re: Manuel & Aurora Avila
TP ID# 23x000633

Dear Mrs. Watson:

As per your Final Notice dated November 17, 2004, enclosed please find check #3247 in the amount of \$1,197.51.

We thank you for your prompt attention in this matter and ask that your credit our payment accordingly.

If you have any further questions, please contact us at your convenience.

Sincerely,

Manuel Avila
