2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 20, 2005 8:00 am
Secretary of State

03-21-2005 90087 048 ***150.00

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03072005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000100915

1. Entity Name
S.R. BUSINESS CENTER, CORP.

Principal Place of Business
~~1147 DENNIS AVE~~ 4208 Daubert st
ORLANDO, FL ~~32807~~ 32803

Mailing Address
~~1147 DENNIS AVE~~ 4208 Daubert st
ORLANDO, FL ~~32807~~ 32803

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3680955 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RIVERA, SAMUEL 4208 Daubert st.
~~1147 DENNIS AVE~~
~~ORLANDO, FL 32807~~ Orl. Fl. 32803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Samuel Rivera 3-14-05
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
D RIVERA, SAMUEL ~~1147 DENNIS AVE~~ 4208 Daubert st ~~ORLANDO, FL 32807~~ Orl. Fl. 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
4208 Daubert st. Orlando, FL 32803	

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: Samuel Rivera 4/15/05 407-275-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #