


# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 1. Entity Name <b>P00000005000</b> <b>ANALYTICA CORPORATION</b>	
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**FILED**  
07 APR -2 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>9652 SW 166 CT</b> Suite, Apt. #, etc.	3. Mailing Address <b>9652 SW 166 CT</b> Suite, Apt. #, etc.
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33196</b> Country <b>USA</b>	Zip <b>33196</b> Country <b>USA</b>

**400095338454**  
04/06/07--01003--011 \*\*150.00  
CR2E034B (8/05)

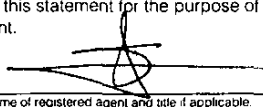
4. FEI Number <b>65-1060481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>JOSE Velez</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>9652 SW 166 CT</b>	
City <b>MIAMI</b>	FL Zip Code <b>33196</b>

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)

03-14-07

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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 <b>PD vergara, Javier 9652 SW 166 CT Miami, FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD Jose Luis Velez 9652 SW 166 CT Miami, FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD Uribe, Sandra 9652 SW 166 CT Miami, FL 33196</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-07 (786) 3080346

Date

Daytime Phone #