


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90084 015 ***150.00

DOCUMENT # P00000105448 1. Entity Name FORCE 5, INC.					
Principal Place of Business 7845 CORAL WAY MIAMI, FL 33155-6522		Mailing Address 7845 CORAL WAY MIAMI, FL 33155-6522 1552 PLASENTIA AVE CORAL GABLES FL 33134			
2. Principal Place of Business		3. Mailing Address 1552 PLASENTIA AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CORAL GABLES FL			
Zip 33134-6238	Country USA	4. FEI Number 65-1054289		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 SANTALO, ADA 7845 CORAL WAY 1552 PLASENTIA AVE MIAMI, FL 33155-6522 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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><i>Ada Santalo</i></u> PRES 2-16-06 <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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANTALO, ADA <input type="checkbox"/> Delete 7845 CORAL WAY MIAMI, FL 331556522		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTALO, ADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1552 PLASENTIA AVE. CORAL GABLES FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVELYN, PATRICIA <input type="checkbox"/> Delete 8610 SW 48 ST. MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVELYN, PATRICIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8610 S.W. 48 ST. MIAMI FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTALO, JUAN B. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1552 PLASENTIA AVE CORAL GABLES FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Ada Santalo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-16-06</u> Daytime Phone #		

50002262



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