2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000115445

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 04, 2005 8:00 am Secretary of State 03-04-2005 90097 045 ***150.00

☐ Change

Сhалде

☐ Addition

Addition

1. Entity Name ALAN GA	e MIEL, P.A.							
Principal Place of Business Mailing Address								
4622 SOUTHWEST SANTA BARBARA PLACE 4622 SOUTHWEST SANTA			A BARBARA PLA	CE		50022	705	
SUITE 112 SUITE 112						00000	,,,,	
CAPE CORAL, FL 33914 CAPE CORAL, FL 33914			!			1 1/8 <i>0</i> (1/88) 9111 6121 6121 614	f## It ###+	
<u> </u>		La Maria Address						
2. Principal Place of Business 3. Mailing Address 3. Fig. 12. S.			22Nn AVE				<u> </u>	
3517 SE 2200 AVE 3517 SE			- 00 NO 1	VV				
Suite, Apr.	π, Gι u .	Solle, Apr. #, etc.		02282005 Chg-P	CR2E034 (10/03)			
_City & StateCity & State				_	4. FEI Number	Ap	plied For	
			Not Applica			`		
Zip	Zip Country Zip C				5. Certificate of Status Desired	\$8.75 Add	itional	
33904 USA 33904 US					5. Certificate of Status Desired	Fee Required		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Re	egistered Agent		
CANUEL	· · · · · · · · · · · · · · · · · · ·		Name				-	
GAMIEL, SANDRA E 4622 SW SANTA BARBARA P,			Street A	Street Address (P.O. Box Number is Not Acceptable)				
112	OANTA BANBAIVA 1,					· 		
CAPE CORAL, FL 33914								
Ci						FL Zip Code	•	
ļ								
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.								
\sim 1 SC \sim 2 A \sim								
SIGNATURE DANDRAZ. DAMIEL Danac. D. 18 2. 28-05								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 21								
9. Election Campaign Financing \$5.00 May Re								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI		S IN 11	
TITLE	PD	☐ Delete	TITLE	PD		Change	Addition	
NAME	GAMIEL, ALAN		NAME	GAMIEC NEAR				
STREET ADDRESS 4622 SOUTHWEST SANTA BARBARA PLACE			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	CAPE CORAL, FL 33914		 		1PECORAL, 4-3			
TITLE	VSTD	Defete	TITLE	VS	OTO	🔀 Change	Addition	
NAME STREET AODRESS	GAMIEL, SANDRA E	NAME STREET ADORESS	6Ar	MIZLISANDRA &	0.10			
STREET ADDRESS 4622 SOUTHWEST SANTA BARBARA PLACE CITY-ST-ZIP CAPE CORAL, FL 33914			CITY-SI-ZIP	6.7	112L, SANDRA E 3517 SE 12ND PECORAL, FL 3	3904	İ	
	0.1. E 00101E, 1 E 00014		 	Un.	TE COKACITE S	☐ Change	Addition	
TITLE NAME		☐ Deléte	TITLE NAME			TT CHAIRS	☐ Auuinen	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
7171.5		□ Daloto	TITLE	 		☐ Channe	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Delete

CITY-ST-ZIP

CITY-ST-ZIP

CITY+ST-ZIP

SIGNATURE: Sandra E. Camiel SANDRA	E.GAMIEL 2-28-C	× 2:39 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)	Date Day	time Phone ") - 103