

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90080 001 \*\*\*150.00

**50035200**



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3701631

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SABETI, MANSOUR  
128 EAST COLONIAL DR  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

*MANSOUR SABETI*

*4/6/05*

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	D
NAME	SABETI, MANSOUR M
STREET ADDRESS	128 EAST COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	D
NAME	PADILLA, NARCISO S
STREET ADDRESS	1805 LIVINGSTON ST
CITY-ST-ZIP	ORLANDO, FL 328035520
TITLE	D
NAME	IDUATE, ARMANDO
STREET ADDRESS	7115 CANTRELL CT
CITY-ST-ZIP	ORLANDO, FL 328356175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MANSOUR MAX SABETI*

*4/6/05*

Date

*407*

*468-8972*

Daytime Phone #