

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Roberts MAY 02 2005  
FILED

05 APR 29 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1076722 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

~~PRESSOIR, NIRVA~~  
13270 SW 131 STREET  
STE 133  
MIAMI, FL 33186

## 7. Name and Address of New Registered Agent

Name Clirvaens Pressoir  
Street Address (P.O. Box Number is Not Acceptable)  
13270 SW 131 Street - Ste 133  
City Miami FL Zip Code 33186

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)

DATE

04-28-05

**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	PD	Delete
NAME	<del>PRESSOIR, NIRVA</del>	<input checked="" type="checkbox"/>
STREET ADDRESS	13270 SW 131 STREET, STE 133	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	Change	Addition
NAME	<u>Clirvaens Pressoir</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	13270 SW 131 Street - Ste 133		
CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-05

Date

Daytime Phone #