

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000055909

1. Entity Name
POTES CORP.



FILED

05 MAY 26 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1003 SHOTGUN RD
SUNRISE, FL 33326

Mailing Address
1003 SHOTGUN RD
SUNRISE, FL 33326

2. Principal Place of Business

2144 QUAIL ROOST DR.
Suite, Apt. #, etc.

3. Mailing Address

2144 QUAIL ROOST DR.
Suite, Apt. #, etc.



05172005 Chg-P CR2E034 (10/03)

City & State
Weston, FL

City & State
Weston FL

4. FEI Number
65-1125990

Applied For
Not Applicable

Zip Country
33327 Broward

Zip Country
33327 Broward

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

6. Name and Address of Current Registered Agent

SALAZAR, JOHN
1003 SHOTGUN RD
SUNRISE, FL 33326

7. Name and Address of New Registered Agent

Name
MARIA F. POTES

Street Address (P.O. Box Number is Not Acceptable)
2144 QUAIL ROOST DR.

City Weston FL Zip Code 33327

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 5/15/05.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME POTES, MARIA F
STREET ADDRESS 1003 SHOTGUN RD
CITY-ST-ZIP SUNRISE, FL 33326 ☐ Delete

TITLE VPT
NAME SALAZAR, JOHN
STREET ADDRESS 1003 SHOTGUN RD
CITY-ST-ZIP SUNRISE, FL 33326 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME Salazar, Valentina
STREET ADDRESS 2144 QUAIL ROOST DR.
CITY-ST-ZIP WESTON FL 33327 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE MAY 18/05
Daytime Phone #