

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 040 ***150.00

DOCUMENT # P01000079314

1. Entity Name
6885.95 BYRON AVE, CORP.



Principal Place of Business
4338 S.W. 8TH ST.
MIAMI, FL 33134

Mailing Address
4338 S.W. 8TH ST.
MIAMI, FL 33134

50009842



2. Principal Place of Business

5860 PINETREE DR.

3. Mailing Address

5860 PINETREE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005

Chg-P

CR2E034 (10/03)

City & State

MIAMI BEACH, FL.

City & State

MIAMI BEACH, FL.

4. FEI Number

65-1129807

Applied For

Not Applicable

Zip

33140

Country

US

Zip

33140

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
4338 S.W. 8TH ST.
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name

GARCIA CARLOS.

Street Address (P.O. Box Number is Not Acceptable)

5860 PINETREE DR.

City

MIAMI BEACH

FL

Zip Code

33140

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

1/20/05

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 VD
NAME GARCIA, CARLOS
STREET ADDRESS 4338 S.W. 8TH ST.
CITY - ST - ZIP MIAMI, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME GARCIA CARLOS
STREET ADDRESS 5860 PINETREE DR.
CITY - ST - ZIP MIAMI BEACH, FL. 33140

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ 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

CARLOS Garcia
P

Date

Daytime Phone #

1/20/05