2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUI 1. Entity Name BAROCA	e	# P01000085			05-02-2005 90558 003 ***150.00					
Principal Place		5	Mailing Address 5445 SW 149TH CT							
#204 MIAMI, FL 33	3178		MIAMI, FL 33185			THE REPORT OF COURT ISSUE COME OF THE DESIGN DESIGN FOR THE DESIGN OF THE COURT OF				
2. Principal Pl	ac of Busin	on St. Eust	3. Mailing Address Coplon St. East							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04262005 Chg-P CR2E034 (10/03			4 (10/03)		
City & State Lehigh, F1			City & State	,F/	4. FEI Number 65-1138836		Applied For Not Applicable			
Zip 33	936	36 Country US Zip 33936		Coun	7 5	5. Certificate	of Status Desired		8.75 Addit ee Required	
	6. Name	and Address of Current F	7. Name and Address of New Registered Agent Name							
SILVA, MIL 7340 NW 1 # 201				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33178						T =			
9 The shows	named optib	u submite this Stement	The state of the s	rogistor	City	ared agent or be	uth in the State of Ele	FL	Zip Code	
8. The above named entity submits this statement or the our post 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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FIL After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00 5 Fee will be \$550.0	Election Campai Trust Fund Cont			i.00 May Be ded to Fees				
10.		OFFICERS AND		11. τιπ.		ADDITIONS	/CHANGES TO OFF			
TITLE NAME	P SILVA, M	ILAGROS	☐ Delete	E IÉ				Change	Addition	
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CITY-ST-ZIP	and it is the same		This filing days are surely to		r-ST-ZIP	Contine 440 5710	Wit Elevide Otation	I fuebas ===	in that I - '-	formation
12. I hereby certify that the information/supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental eports 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 of truefiee 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 adduss, with all other like empowered.										
SIGNAT	URE:	Juliane	/ Hilag	nes	Silval	Pm.	4/26/01			2492
	-		RINTED NAME OF SIGNING OFFICE	DH DIREC	IUR /		Date	Da	tytime Phone #	1