2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE;

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90516 027 ***158.75

DOCU 1. Entity Nam JUAN AL	ne	# P01000091 c.				03-02-2003	90310 0	27 ***136	5.73	
Principal Place of Business Mailing Address										
1409 HOLYHOCK STREET 1409 HOLYHOCK STREET DELTONA, FL 32725 DELTONA, FL 32725										
2. Principal P		dustrial Dr.	ndust	rial Dr						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04282005	Chg-P	CR2E	034 (10/03)	
Grange City, FC			Grange City, FL			4. FEI Numb)	plied For t Applicable
327	13 Volusia		32743	Country	usia	İ	of Status Desired	×	\$8.75 Add Fee Required	
	6. Name	and Address of Current I	l N	7. Name and Address of New Registered Agent Name						
ALICEA, J 1409 HOL		TREET		Street Address (P.O. Box Number is Not Acceptable)						
DELTONA										
			С	City FL Zip Code						
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 o	or printed name of registered agent a	nd title il applicable. (NOTE	E: Registered Age	nt signature required	when reinstation)		DATE		
							1			
		FEE IS \$150.00 Fee will be \$550.0	ign Financing ribution.	9 \$5. □ Add	.00 May Be ed to Fees					
10.	,	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AN	DIRECTORS	S IN 11
TITLE	D		☐ Delete	TITLE	P	70			Change	- 'Addition
NAME STREET ADDRESS	ALICEA, J	UAN JR YHOCK STREET		name Street ad	DECCE Ju	and	icea.	د		
CITY-ST-ZIP		, FL 32725		CITY-ST-Z	TIP DE	Ltong.	icea Yhock 51 FL 3272	5		_
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	MESA A, J 990 SHOR			NAME STREET AD	Dacco					
CITY-ST-ZIP	1	, FL 32725		CITY-ST-Z	1					
TITLE	D		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	ALICEA, J			NAME	1				-	_
STREET ADDRESS CITY-ST-ZIP	1410 HOL	YHOCK ST , FL 32725		STREET AD CITY-ST-Z	l l					
TITLE	DECTORA	, 11 32/23	☐ Delete	TITLE	I	P D			☐ Change	 ✓ Addition
NAME			U Delete	NAME	ED	DNING	Alicea		☐ Cliange	(A) AUGILIUM
STREET ADDRESS				STREET AD	DRESS 22	80 AS	bury Rd	•		
CITY-ST-ZIP				CITY-ST-Z	P De	Ltona	Alicea bury Rd ,FL 327	'3 <i>8</i>		
TITLE NAME			☐ Delete	111LE NAME					☐ Change	Addition
STREET ADDRESS				STREET AD	DRESS					
CITY-ST-ZIP	l			CITY-ST-Z	JP					
TITLE			☐ Delete	TITLE		***			☐ Change	Addition
NAME STREET ADDRESS				NAME CTREET AG	nocee					
CITY+ST-ZIP				STREET AD	· I					
12. Thereby o	certify that the	information supplied with	this filing does not qualify for	the exempti	on stated in Se	ction 119.07(3)	(i), Florida Statutes	I further ce	rtify that the in	formation
indicated of the cor	on this report poration or th	t or supptemental report is e receiver o r trust ee empo	true and accurate and that n wered to execute this report ith all other like empowered.	ny signature : as required f	shall have the s	same legal effe	ct as if made under o	oath: that I	am an officer	or director

LE AND TYPED ORDERINTED NAME OF SIGNING OFFICER OR DIRECTOR