2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90096 042 ***150.00

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DOCUMENT # P01000102901

1. Entity Name
CUADRAS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3413 ALTON ROAD MIAMI BEACH, FL 33140	3413 ALTON ROAD MIAMI BEACH, FL 33140

2. Principal Place of Business		3. Mailing Address	
239 S.E. Butler Glen		239 S.E. Butler Glen	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lake City Florida		City & State: Lake City, FLA.	
Zip: 32025	Country: USA	Zip: 32025	Country: USA

4. FEI Number 65-1151751 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAHN, DONALD J ESQ 317 71ST STREET MIAMI BEACH, FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CUADRAS, CARLOS 3413 ALTON ROAD MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 239 S.E. Butler Glen Lake City, FLA 32025
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CUADRAS, VIVIAN 3413 ALTON ROAD MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 239 S.E. Butler Glen Lake City, FLA 32025
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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] CARLOS CUADRAS 3/9/05 386-755-5792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #