


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000115944</b>	
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Principal Place of Business 18650 GULF BOULEVARD UNIT 313 INDIAN SHORES, FL 33785	Mailing Address 18650 GULF BOULEVARD UNIT 313 INDIAN SHORES, FL 33785
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**DO NOT WRITE IN THIS SPACE**



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0008407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DIAZ, JOSEPH L  
2522 W KENNEDY BLVD  
TAMPA, FL 33609

**DO NOT WRITE IN THIS SPACE**

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 Gina Leal, P- (NOTE: Registered Agent signature required when reinstating) DATE 7/12/05

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAL, GINA L 18650 GULF BLVD. UNIT 313 INDIAN SORES, FL 33785
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08/10/05-80004-008 150.00

**DO NOT WRITE IN THIS SPACE**

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: Gina Leal, P- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 7/12/05 (813)877-4363 Daytime Phone #