


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000010104 1. Entity Name EVERYTHING TO DO, CORP.	
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Principal Place of Business 19710 CHRISTMAS RD. MIAMI, FL 33157	Mailing Address 19710 CHRISTMAS RD. MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

05262005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2025148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VELEZ, LUIS A
1746 SW 125 CT
MIAMI, FL 33175**

**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 _____
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
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	PD VELEZ, LUIS A 1746 SW 125 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VELEZ, JUAN DAVID 1746 SW 125 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

U00000368610
05/31/05-80008-018 150.00

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 Date _____ Daytime Phone # _____