2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 21, 2005 8:00 am Secretary of State

DOC UMENT # P02000042955	Secretary of State											
CO IDSELTO B. MACINA 310 DAM RINGUING BUD SUITE 3 350 DAM RINGUING BUD SUI	1. Entity Nam	ie					_					
CO IDSELTO B. MACINA 310 DAM RINGUING BUD SUITE 3 350 DAM RINGUING BUD SUI	Principal Place of Business Mailing Address											
310 JOHN RINGLING BLVD SUITE 3 SARASOTA, FL. 34236 2. Principal Place of Boulness Suite, Apr. F. etc. Suite, Apr. F. etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country S. Certificate of States Desired S. 75, Address RACUA, JOSELITO B SaraSOTA, FL. 34236 Since Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street, Address (P.O. Box Namops is Not Acceptable) SaraSOTA, FL. 34236 Since Address (P.O. Box Namops is Not Acceptable) Since Addre	·				•							
SARASOTA, FL 34236 2. Principal Pri												
Suite. Apr. F. etc. Suite. Apr. F. etc. D4132005												
Sure, Apt. F. etc. Sole, Apt. F. etc. Coy & State Coy & State Applied For Not For												
Sure, Apt. F. etc. Sole, Apt. F. etc. Coy & State Coy & State Applied For Not For	2. Principal P	lace of Busin	1655	3. Ma	3. Mailing Address							
Coy & State												_
Superior	Suite, Apt. #, etc.				Suite, Apt. #, etc.			04132005	Chg-P	CR2E03	4 (10/03)	
September Sept	City & State				City & State						Ap	plied For
B. Centificate of Status Desired Fee Required Fee Required NACUA, JOSELITO B 310 JOHN RINGLING BLVD SUITE 3 SARASOTA, FL 34236 City FL Zip Code City FL							01-0668181 Not Applicable					
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name and Address of New Registered Agent Name	Zip	-	Country	Zip)	Coun	itry					
NACUA, JOSELITO B 310 JOHN RINGLING BLVD SUITE 3 SARASOTA, FL 34236 City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Rorids. I am familiar with, and accept the Rorids. International Control of Rorids agent agent and the Rorids agent agen												d
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered agent, to both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synthetic Load or prince from the purpose of changing its registered agent services when remarking DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 STATE Fund Contribution. Added to Fiess That Fund Contribution. NACUA, JOSELITO B SIRIT ADDITIONS/DHANGES TO OFFICERS AND DIRECTORS IN 1 THE NAME NACUA, JOSELITO B SIRIT ADDITIONS/SHANGES TO OFFICERS AND DIRECTORS IN 1 THE NAME NACUA, JOSELITO B SIRIT ADDITIONS/SHANGES TO OFFICERS AND DIRECTORS IN 1 THE NAME SIRIT ADDITIONS SI		6. Name	and Address of Current	Register	ed Agent		7. Name and Address of New Registered Agent					
Sireal Address (P.O. Box Number is Not Acceptable) City	Name											
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 S							Constitution (B.O. Boulders in Not Assessed by					
En The abbove numed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Plorida. I am familiar with, and accept the colligations of registered agent. City FL Zip Code							Street Address (P.O. Box Number is Not Acceptable)					
The above named entity submis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: Comparison	SARASOTA, FL 34236											
The above named entity submis this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: Comparison	•											,
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tain familiar with, and accept the obligations of registered agent. SIGNATURE Signature topod or prinds have of impotence agent and line 4 applicable. (notify Registered Agent agriculture incurred when recretaining) DATE							City			FL	Zip Code	e
SIGNATURE Signature, upper tor present auror of legistered agent and title flagistation. (AOTE Registered Agent repositor required when inequalities)	8 The above	named entit	v submits this statement for	ed office or register	red agent, or both	in the State of Flo		miliar with	and accept			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E P NACUA, JOSELITO B NAME SIRET ADDRESS CITY-S1-2P 310 JOHN RINGLING BLVD SUITE 3 CITY-S1-2P 1III.E Delete IIII.E Delete IIII.E NAME SIRET ADDRESS CITY-S1-2P Oelete IIII.E NAME SIRET ADDRESS CITY-S1-2P IIII.E Delete III.E D												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E P NACUA, JOSELITO B NAME SIRET ADDRESS CITY-S1-2P 310 JOHN RINGLING BLVD SUITE 3 CITY-S1-2P 1III.E Delete IIII.E Delete IIII.E NAME SIRET ADDRESS CITY-S1-2P Oelete IIII.E NAME SIRET ADDRESS CITY-S1-2P IIII.E Delete III.E D			•									
TILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME NACUA, JOSELITO B SIRET ADDRESS CITY-S1-2P 101.STEP 101.STE	SIGNATURE.				-1	C. D		durbus saudetat pal		DATE		
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.		Signature, typed	or printed name of registered agent	and lille il ap	oplicable. (NOT	t; Registere	d Agent signature required	when reinstating)		DATE		
TITLE NAME NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS C				.00					-			
TITLE NAME NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS C	10		OFFICERS AND	DIRECT	ORS	11		ADDITIONS/C	HANGES TO DEE	ICERS AND I	DIRECTOR:	S IN 11
NAME SIRET ADDRESS CITY-S1-ZP TITLE NAME NAME SIRET ADDRESS CITY-S1-ZP TITLE NAME NAME SIRET ADDRESS CITY-S1-ZP TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME SIRET ADDRESS CITY-S1-ZP TITLE Delete SIRET ADDRESS CITY-S1-ZP TITLE Delete SIRET ADDRESS CITY-S1-ZP TITLE		Р	OTTIOLITO			-1-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_	
SIRET ADDRESS CITY-ST-ZP STRET ADDRESS STRET ADDRESS CITY-ST-ZP STRET ADDRESS STRET ADDRESS CITY-ST-ZP STRET ADDRESS STRET		2 5000									Change	
CITY-S1-ZIP SARASOTA, FL 34236 CITY-S1-ZIP ITILE Delete ITILE MAME M		·					-					
ITILE Delete ITILE MAME												
NAME SIREET ADDRESS CITY-ST-ZIP Delete	CHT-SI-ZIP	SAKASU	TA, FL 34230			-1-						
STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete Delete Delete TITLE Delete Dele	TITLE				☐ Delete	1	i i				☐ Change	☐ Addition
CITY-S1-2P TITLE Delete IIILE NAME												
TITLE Delete ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME NAM	STREET ADDRESS						111					
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N	CITY-ST-ZIP					CITY	r-ST-ZIP					
SIREET ADDRESS CITY-ST-ZIP TILLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TILLE NAME SIREET ADDRES	TITLE				Delete	TITL	E				Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME					: NAN	AE .					Ī
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CI	STREET ADDRESS					STR	EET ADDRESS					ļ
NAME SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET ADDRES	CITY-ST-ZIP	-				CITY	r-ST-ZIP					1
NAME STREET ADDRESS CITY- S1-ZIP TITLE ITILE Delete TITLE NAME STREET ADDRESS CITY- S1-ZIP TITLE NAME STREET ADDRESS CITY- S1-ZIP TITLE NAME STREET ADDRESS CITY- S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY- S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY- S1-ZIP TITLE NAME STREET ADDRESS CITY-	TITLE				☐ Delete	TITL	E				Change	Addition
CITY-S1-ZIP INTLE INTLE INAME SHEET ADDRESS CITY-S1-ZIP INTLE INTLE INAME SHEET ADDRESS CITY-S1-ZIP INTLE INT						NAN	AE .					_
INTLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP	STREET ADDRESS					STR	EET AODRESS					
NAME STREET ADDRESS CITY-ST-ZIP Iffite Delete Iffite NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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.	CITY-ST-ZIP					CITY	r-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP Iffite Delete Iffite NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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.	TITLE				[] Dalata	TITI	<u> </u>				Channe	Addition
STREET ADDRESS CITY-ST-ZIP Iffite NAME STREET ADDRESS CITY-ST-ZIP 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.					neigie		-				Jimilgo	
CITY-ST-ZIP Iffile NAME STREET ADDRESS CITY-ST-ZIP 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.		1.					1			-		
INTLE NAME STREET ADDRESS CITY-S1-ZIP 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.		1					į.					
NAME STREET ADDRESS CITY-ST-ZIP 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.		 			Пол						Change	Addition
STREET ADDRESS CITY-ST-ZIP 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.					☐ Oelete						ு அவரே	☐ woonloo
CITY-S1-ZIP 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.							1					
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.		ļ										
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 cath; 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.		<u> </u>										
SIGNATURE: 7096-GTO B. NACHA 04-17-05 941-224-8685	indicated	d on this repo	ort or supplemental report	is true and	d accurate and that	my signa	ature shall have the	same legal effect	as if made under of	oath; that I ar	ń an officer	or director
	SIGNAT	TURE:	709	ELITO	B. NA CMA			D4 -	17-05	941	-224-	8685

04 - 17 - 05 Date

Daytime Phone #