


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000050787**

1. Entity Name  
**LUIS CEDENO RESCREENING, INC.**



Principal Place of Business      Mailing Address

2220 N. SEACREAST BLVD      2220 N. SEACREAST BLVD  
 BOYNTON BEACH, FL 33435 US      BOYNTON BEACH, FL 33435 US

**DO NOT WRITE IN THIS SPACE**



01112006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 71-0888750      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOSE, ANTHONY**  
 6542 HYPOLOXO RD STE #183  
 LAKEWORTH, FL 33467

**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:       DATE: **2/15/06**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

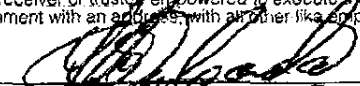
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEDENO, LUIS 2220 NORTH SEACREAST BLVD BOYNTON BCH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, MARIA 2220 NORTH SEACREAST BLVD BOYNTON BCH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/08/06-80058-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       Date: **2/15/06**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR