

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

03-08-2005 90184 007 \*\*\*150.00

P02000057640

FILED

2005 JUL 26 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**50023744**



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**48-1260221**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

RODRIGUEZ, FRANK  
9921 NW 80 AVE  
HIALEAH GARDENS, FL 33016

**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  
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**

TITLE	D
NAME	RODRIGUEZ, FRANK
STREET ADDRESS	9921 NW 80 AVE
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016
TITLE	D
NAME	MARCUS AMUSE
STREET ADDRESS	6849 SW 11th St.
CITY-ST-ZIP	Pembroke Pines Fla. 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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

3-1-05

Date

Daytime Phone # \_\_\_\_\_