

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90053 001 ****75.00
02-24-2005 90053 002 ****75.00

66002549



01292005 Chg-P CR2E034 (10/03)

4. FEI Number **16-1655136** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, RICK
6540 W ATLANTIC BLVD
MARGATE, FL 33063

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARTRA, GUSTAVO	
STREET ADDRESS	6720 NW 66 TERR	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTRA, RACSO	
STREET ADDRESS	5895 NW 62 TERR	
CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, CLAUDIA	
STREET ADDRESS	6335 NW 23 ST	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTRA, GUSTAVO JR.	
STREET ADDRESS	7864 SONOMA SPRINGS CIR #107	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia Sanders 2/15/05 954 968-7989
Date Daytime Phone #