#### **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

#### Jul 29, 2005 8:00 am Secretary of State **DOCUMENT # P02000059105** 03-02-2005 90078 001 \*\*\*100.00 07-29-2005 90012 009 \*\*\*\*58.75 SOURCE FOR RESEARCH INC. Principal Place of Business Mailing Address 10365 SW 11TH TERRACE 10365 SW 11TH TERRACE 50058492 MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address 3200 COLLINS AVE Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 06292005 Applied For 4 FELNumber City & State City & State 56-2285670 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESQUIVEL, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 10365 SW 11TH JERRACE MIAMI, FL 33174 City 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. DATE 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition **PSD** TITLE . Delete TITLE PSD ORLANDO FERVIVEL DI 3200 COILINE NAME ESQUÍVEL, ORLANDO NAME AVE SUITE 488 10365 SW 11TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI BEACH, Fl. 33140 CITY - ST - ZIP MIAMI, FL 33174 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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-7IP

SIGNATURE:

CITY+ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

**FILED** 

### ATTACHMENT

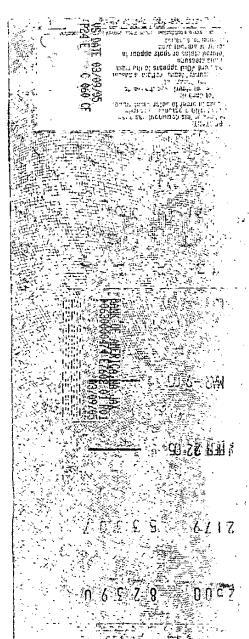
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DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796