

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90026 049 ***150.00

DOCUMENT # P02000069353

1. Entity Name
PRESENT, INC.



Principal Place of Business
**1801 WINBLEDON ST
KISSIMMEE, FL 34743**

Mailing Address
**1801 WINBLEDON ST
KISSIMMEE, FL 34743**

2. Principal Place of Business

2454 OAK MILL DR.
Suite, Apt. #, etc.

3. Mailing Address

2454 OAK MILL DR.
Suite, Apt. #, etc.



05182005

Chg-P

CR2E034 (10/03)

City & State

KISSIMMEE FL.

City & State

KISSIMMEE FL.

4. FEI Number

02-0628249

Applied For

Not Applicable

Zip

34744

Country

Zip

34744

Country

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

6. Name and Address of Current Registered Agent

**BARRIOS, LUIS
1801 WINBLEDON ST
KISSIMMEE, FL 34743**

7. Name and Address of New Registered Agent

Name **BARRIOS LUIS**

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

2454 OAK MILL DR.

City **KISSIMMEE**

FL

Zip Code **34744**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **BARRIOS, LUIS**
STREET ADDRESS **1801 WINBLEDON ST.**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE **STD** ☐ Delete
NAME **PRESENTE, CARLA**
STREET ADDRESS **1801 WINBLEDON ST.**
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/05