

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000071104
 1. Entity Name
 2701 PRICE, INC.



Principal Place of Business Mailing Address
 2701 W PRICE AVE 2701 W PRICE AVE
 TAMPA, FL 33611 TAMPA, FL 33611



05242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0001021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSEPH L
 2522 W KENNEDY BLVD
 TAMPA, FL 33609

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: CAPOTE, FERMIN
 STREET ADDRESS: 2701 W PRICE AVE
 CITY-ST-ZIP: TAMPA, FL 33611

TITLE: P
 NAME: CAPOTE, MIRTA
 STREET ADDRESS: 2701 W PRICE AVE
 CITY-ST-ZIP: TAMPA, FL 33611

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 CITY-ST-ZIP: _____

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 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 05/31/05-80001-005 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mirta Capote MIRTA CAPOTE 5/20/05 813 601-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #