

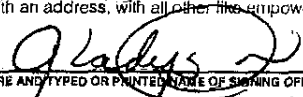


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000076275			
1. Entity Name GLADYS E. FRANQUI, PA			
Principal Place of Business 1119 TURTLE LAKE CT OCOE, FL 34761	Mailing Address 1119 TURTLE LAKE CT OCOE, FL 34761		
DO NOT WRITE IN THIS SPACE			
		02022005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 30-0104118	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 FRANQUI, GLADYS E 1119 TURTLE LAKE CT OCOE, FL 34761		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000252199 03/05/05-80017-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANQUI, GLADYS E 1119 TURTLE LAKE CT OCOE, FL 34761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TIRADO, VICTOR M 1119 TURTLE LAKE CT OCOE, FL 34761		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE 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: 		3/1/05	407-293-7116
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>