

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90054 018 ***150.00

DOCUMENT # P02000076291					
1. Entity Name ALEJANDRO ISAVA, P.A.					
Principal Place of Business 4957 SOUTHWEST 128 TERRACE HOLLYWOOD, FL 33027			Mailing Address 4957 SOUTHWEST 128 TERRACE HOLLYWOOD, FL 33027		
2. Principal Place of Business 1520 N.E. 26 Ave. Suite, Apt. #, etc.		3. Mailing Address 1520 N.E. 26 Ave. Suite, Apt. #, etc.			
City & State Ft. LAUDERDALE FL.		City & State Ft. Lauderdale FL.		4. FEI Number 54-2063146	
Zip 33304		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAVA-QUINTERO, ALEJANDRO 4957 SOUTHWEST 128 TERRACE HOLLYWOOD, FL 33027			7. Name and Address of New Registered Agent ISAVA-QUINTERO, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 1520 N.E. 26 Ave. City Ft. Lauderdale FL Zip Code 33304		
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: <u>Alejandro Isava</u> <u>Alejandro ISAVA</u> <u>03/12/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAVA-QUINTERO, ALEJANDRO 4957 SOUTHWEST 128 TERRACE HOLLYWOOD, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISAVA-QUINTERO, ALEJANDRO 1520 N.E. 26 Ave. Ft. Lauderdale, FL. 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Alejandro Isava</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>03/12/05</u> <u>954-5682171</u> Date Daytime Phone #		
ALEJANDRO ISAVA-QUINTERO					