


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90308 032 \*\*\*150.00

<b>DOCUMENT # P02000077451</b>	
1. Entity Name ABILITY HUMAN DEVELOPMENT OF AMERICA CORP.	

Principal Place of Business 2313 CLARK STREET B-13 APOPKA, FL 32703	Mailing Address 7802 KINGSPONTE PARKWAY SUITE #207-A ORLANDO, FL 32819
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**50043797**

2. Principal Place of Business 2042 N. Rio Grande Blvd. Suite, Apt. #, etc. Suite A	3. Mailing Address City & State Orlando FL Zip 32804 Country USA
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01112005 Chg-P CR2E034 (10/03)

4. FEI Number 42-1543170	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 JAO SERVICES, INC. 7802 KINGSPONTE PARKWAY SUITE #207-A ORLANDO, FL 32819	
7. Name and Address of New Registered Agent Name Tiago K. Azeredo Street Address (P.O. Box Number is Not Acceptable) 8009-C Bala Sands Blvd. City Orlando FL Zip Code 32818	

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AZEVEDO, TIAGO K 2313 CLARK STREET B-13 APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Azeredo, Tiago K. 8009-C Bala Sands Blvd. Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AZEVEDO, LUCIANA K 2313 CLARK STREET B-13 APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mariana Samara 8009-C Bala Sands Blvd. Orlando, FL 32818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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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

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: TS Azeredo 04/22/05 4072969444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #