## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DIVISION OF CORPORATIONS DOCUMENT # P02000086573 1. Entity Name 05 MAY 10 PM 3: nn NAPÓALE, INC. Principal Place of Business Mailing Address 1401 BRICKELL AVE 1401 BRICKELL AVE **SUITE 825** SUITE 825 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 801 BRICKELL 801 BRICKEL Suite, Apt. #, etc Suite, Apt. #, etc. 02282005 Chg-P CR2E034 (10/03) SUITE SUITE 2360 City & State City & State 4. FEI Number Applied For MIANI floei ba MiAni floeida 05-0526268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33131 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TK SERVICE LLC SANCHEZ-ABALLI, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE **SUITE 825** MIAMI, FL 33131 BOI BRICKELL 8. The above named entity submits this statement for 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 ag SANCHEZ - ABBILI, PRESIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ₽D TITLE Defete TITLE Change NAME GONZALEZ, VICTOR NAME 801 BRICKELL AVE., STE. 2380 1401 BRICKELL AVE STE 825 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FLORIDA 33131 TILE D ☐ Delete Title Change 🔲 Addition COHEN, KARINA NAME NAME BOI BRICKELL AVE., STE. 2380 STREET ADDRESS 1401 BRICKELL AVE STE 825 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP FLORIBA 33131 TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 40005492208\\ NAME NAME 05/20/05--01010--010 \*\*2000\_00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 specification of the received by the same legal effect as if made under oath; that I am an officer or director of the corporation or the received by the lemost-feed 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 additional properties. PAFAEL GANGHEZ -ABOULL ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED

SECRETARY OF STATE