

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P02000086776

1. Entity Name

PALMETTO BAY ACADEMY, INC.



01-28-2005 90029 011 \*\*\*150.00

Principal Place of Business

16637 S. DIXIE HWY  
MIAMI FL 33157  
US

Mailing Address

16637 S. DIXIE HWY  
MIAMI FL 33157  
US

00007000



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 51-0420828

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUIRRE, LOIS H  
10855 SW 136 TERRACE  
MIAMI FL 33176

Name

AGUIRRE, LOIS H

Street Address (P.O. Box Number is Not Acceptable)

9031 SW 208 Terrace

City

Miami

FL

Zip Code 33189

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 LOIS H AGUIRRE

Lois H Aguirre

1/21/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME AGUIRRE, LOIS H  
STREET ADDRESS 10855 SW 136 TERRACE  
CITY-ST-ZIP MIAMI FL 33176

TITLE P ☒ Change ☐ Addition  
NAME AGUIRRE, LOIS H  
STREET ADDRESS 9031 SW 208 Terrace  
CITY-ST-ZIP MIAMI, FL 33189

TITLE VP ☒ Delete  
NAME AGUIRRE, CARLOS L  
STREET ADDRESS 10855 SW 136 TERRACE  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME AGUIRRE, ANTONIO L  
STREET ADDRESS 10855 SW 136 TERRACE  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: LOIS H AGUIRRE

Lois H Aguirre

1/21/05

786 302-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #