

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096217

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: HOLY TRACE PUBLICATIONS, CORP

## Current Principal Place of Business:

9843 SW 1ST ST  
MIAMI, FL 33174

## New Principal Place of Business:

1109 NW 22ND AVE  
CAPE CORAL, FL 33993 US

## Current Mailing Address:

9843 SW 1ST ST  
MIAMI, FL 33174

## New Mailing Address:

1109 NW 22ND AVE  
CAPE CORAL, FL 33993 US

FEI Number: 56-2292957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PILOTO, ROLANDO  
7115 SW 149TH CT  
MIAMI, FL 33193 US

## Name and Address of New Registered Agent:

RUIZ, LUIS A PD  
9856 SW 1ST STREET  
MIAMI, FL 33174 US

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.

SIGNATURE: LUIS A RUIZ

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PILOTO, ROLANDO  
Address: 7115 SW 149TH CT  
City-St-Zip: MIAMI, FL 33193

Title: VD (X) Delete  
Name: DEL SOL, MARIA ESTHER  
Address: 7115 SW 149TH CT  
City-St-Zip: MIAMI, FL 33193

Title: PD (X) Delete  
Name: DILOTO, ROLAND  
Address: 9843 S.W. 1ST STREET  
City-St-Zip: MIAMI, FL 33174

Title: VD (X) Delete  
Name: DEL SOL, MARIA ESTHER  
Address: 9843 S.W. 1ST STREET  
City-St-Zip: MIAMI, FL 33174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RUIZ, LUIS A PD  
Address: 9856 SW 1ST STREET  
City-St-Zip: MIAMI, FL 33174 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. RUIZ

PD

04/15/2005

Electronic Signature of Signing Officer or Director

Date