

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 010 ***158.75

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03162005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0800875 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE INTERNATIONAL REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD STE 4100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name MARIA CLARA GARBATI
Street Address (P.O. Box Number is Not Acceptable)
1314 E LAS OLAS BLVD Suite # 285
City FT. LAUDERDALE FL Zip Code 33301

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 Maria Clara Garbat Maria Clara Garbat 4.28.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LAURIA, ANDRES I	1201 SW 26TH AVE PMB 325	POMPANO BCH, FL 33069	<input type="checkbox"/>
D	LAURIA, ANTONIO E	1201 SW 26TH AVE PMB 325	POMPANO BCH, FL 33069	<input type="checkbox"/>
D	GRENON, GREGORY L	1201 SW 26TH AVE PMB 325	POMPANO BCH, FL 33069	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S	GARBATI, MARIA OLARA	1314 E LAS OLAS BLVD, Ste # 285	FT. LAUDERDALE, FL 33301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LAURIA, ANDRES I.	1314 E LAS OLAS BLVD, Ste # 285	FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LAURIA, ANTONIO E.	1314 E LAS OLAS BLVD, Ste # 285	FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #