

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P02000114441

1. Entity Name

EPHATHA BUSINESS, INC



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

05-04-2005 90167 021 \*\*\*150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business 317 THIRD STREET ORLANDO FL 32824		Mailing Address 317 THIRD STREET ORLANDO FL 32824	
2. Principal Place of Business 2948 SOUTH SEMORAN BLVD Suite, Apt. #, etc. APT 1202		3. Mailing Address 2948 SOUTH SEMORAN BLVD Suite, Apt. #, etc. APT 1202	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32822	Country US	Zip 32822	Country US

4. FEI Number 06-1655769	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RIVERA, CRISTINA 1516 E. COLONIAL DR.,STE. 107 ORLANDO FL 32803		7. Name and Address of New Registered Agent  Name <b>JOSE A. LEMUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5950 LAKEHURST DR. SUITE 246</b>	
		City <b>ORLANDO</b> FL Zip Code <b>32819</b>	

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

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 Make Check Payable to Florida Department of State		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 CARVALHO, CARMENLUCE S 317 THIRD STREET ORLANDO FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVALHO, CARMENLUCE S 2948 SOUTH SEMORAN BLVD APT 1202 ORLANDO FL 32822	<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		<input 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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-05 407-381 2177

Date

Daytime Phone #