

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

DOCUMENT # P02000114441

1. Entity Name

EPHATHA BUSINESS, INC



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

3. Mailing Address

2948 SOUTH SEMORAN BLVD

Suite, Apt. #, etc.

APT 1202

Suite, Apt. #, etc.

APT 1202

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32822

Country

US

Zip

32822

Country

US

1st MOORE

CR2E034 (10/04)

4. FEI Number

06-1655769

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

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

JOSE A. LEMUS

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

5950 LAKEHURST DR. SUITE 246

City

ORLANDO

FL

Zip Code

32819

8. The above named entity admits 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]*  
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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CARVALHO, CARMENLUCE S	
STREET ADDRESS	317 THIRD STREET	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, CARMENLUCE S	
STREET ADDRESS	2948 SOUTH SEMORAN BLVD APT 1202	
CITY-ST-ZIP	ORLANDO FL 32822	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carmenlucy Souza Carvalho*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-05

Date

407-381 2177

Daytime Phone #