

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---|--|--|---------------------------------------|--|
| DOCUMENT # P02000121852 | | | | | |
| 1. Entity Name SPEED SEWING CORPORATION | | | | | |
| Principal Place of Business 2805 W. 14TH AVE., #22 HIALEAH, FL 33010 | | | Mailing Address 2805 W. 14TH AVE., #22 HIALEAH, FL 33010 | | |
| 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 27-0038435 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICE, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| FL | | | Zip Code | | |
| 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: | | AMABA CANTERA LOPEZ, PRESIDENT 3/22/05 | | | |
| Signature, typed or printed name of registered agent and title, if applicable. | | (NOTE: Registered Agent signature required when reappointing) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RODRIGUEZ, RAMON O 2805 W. 14TH AVE., #22 HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARTINEZ, MANUEL A 2805 W. 14TH AVE., #22 HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PEREZ, JUAN C 2805 W. 14TH AVE., #22 HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DOMINGUEZ, ISABEL 5481 NW 72 AVENUE MIAMI, FL 33166 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: | | 3/22/05 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |