## **2005 FOR PROFIT CORPORATION**

## Apr 15, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000123888 04-15-2005 90060 025 \*\*\*150.00 WE VEND FOR YOU, CORP. Principal Place of Business Mailing Address 3410 NW 85TH WAY #107 3410 NW 85TH WAY #107 SUNRISE, FL-33351 SUNRISE, FL 33351 02212005 No Chg-P · CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4221813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOSEPH K. NOFIL, P.A. DO NOT WRITE 3284 NORTH STATE ROAD 7, LAUDERDALE LAKES, FL 33319 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE SALAS, CARLOS MR. NAME STREET ADDRESS 3410 NW 85TH WAY #107 CITY-ST-ZIP SUNRISE, FL 33351 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 processed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the corporation or the receiver of the corporation of the co 12. I hereby certify that the information supplier of the corporation or the receiver or truste changed, or on an attachment with an ad-

SIGNATURE:

STREET ADDRESS

FILED