## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2005 08:00 AM Secretary of State

	ANNUAL R	EPUKI			Apri	4,2005 00:00
DOCU	MENT # P0300000363			Sec	cretary of State	
1. Entity Name						•
IHEENE	RGY SAVERS INSULATION IN	iC.				
			2005			
Principal Plac	e of Business M	ailing Address				
18290 S.W.		8290 S.W. 100 STREET				
MIAMI, FL 3	3196	MIAMI, FL 33196				
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				04112005	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPA			CE			
L.	O NOT WITH I	1 IIIIO OI A		4. FEI Number 14-186		Applied For Not Applicable
						CO 75 Address of
			· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Regis	tered Agent	<del></del>	<del>,</del>		<del></del>
BENITEZ, BOB 3529 S.W. 112 PLACE			<u> </u>	DO	NOT W	DITE
			DO NOT WRITE			
MIAMI, FL 33165			ĺ	IN 7	THIS SP	ACE
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or register	ed agent, or bot	h, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE.	Signature, typed of printed name of registered agent and little	if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees		
10.	OFFICERS AND DIREC	CTORS	1			
TITLE	PVST				· <del> · · · · · · · · · · · · · · · · ·</del>	
NAME STREET ADDRESS	GARCIA, ONEL 18290 S.W. 100 STREET					
CITY - ST - ZIP	MIAMI, FL 33196				U0000C	130,3959 -80020-025 150.00
TITLE					— ije/i 4/ij5-	-80020-025 I50.00
NAME						
STREET ADDRESS CITY-ST-ZIP				,		
TITLE						· <del>-</del> · ,
NAME						
STREET ADDRESS	SS			DO NOT WRITE		
CITY-ST-ZIP						
TITLE NAME		IN THIS SPACE				
STREET ADDRESS						
CITY - ST - ZIP			<del></del>			
TITLE	_		1			

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 affect as if made under eath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DI

ONGE GANGIA

4/11/0534382-4700