

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 028 \*\*\*150.00

**DOCUMENT # P03000009546**

1. Entity Name  
**EAG SALES, INC.**



Principal Place of Business      Mailing Address  
**17931 SW 35 ST**      **17931 SW 35 ST**  
**MIRAMAR, FL 33029**      **MIRAMAR, FL 33029**

**50022322**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02282005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**01-0765459**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GONZALEZ, EDUARDO A**  
**17931 SW 35 ST**  
**MIRAMAR, FL 33029**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE      **PTD**       Delete  
NAME      **GONZALEZ, EDUARDO A**  
STREET ADDRESS      **17931 SW 35 ST.**  
CITY-ST-ZIP      **MIRAMAR, FL 33029**

TITLE      **VSD**       Delete  
NAME      **GONZALEZ, CONSTANCE O**  
STREET ADDRESS      **17931 SW 35 ST**  
CITY-ST-ZIP      **MIRAMAR, FL 33029**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE       Change       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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/05**      **954-931-2916**  
Date      Daytime Phone #