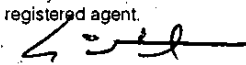


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90090 042 ***150.00

DOCUMENT # P03000012511 1. Entity Name JOAQUIN GUILLERMO ROLDAN, PA					
Principal Place of Business 12160 NW 77TH MANOR PARKLAND FL 33076			Mailing Address 12160 NW 77TH MANOR PARKLAND FL 33076		
2. Principal Place of Business 2201 S OCEAN Dr # 2602		3. Mailing Address 2201 S OCEAN Dr			
Suite, Apt. #, etc. 2602		Suite, Apt. #, etc. 2602			
City & State Hollywood, FL 33019		City & State Hollywood, FL			
Zip 33019		Country Broward		Zip 33019	
Country Broward		Country Broward			
6. Name and Address of Current Registered Agent ROLDAN, JOAQUIN G 12160 NW 77 MANOR PARKLAND FL 33076			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  PRESIDENT JOAQUIN GUILLERMO ROLDAN, PA 2-24-05 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROLDAN, JOAQUIN G 12160 NW 77TH MANOR PARKLAND FL 33076 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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1st MOORE CR2E034 (10/04)

4. FEI Number **03-0507567** Applied For ☐ Not Applicable ☐

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOAQUIN G ROLDAN **2-24-05** **954 501-1057**