## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # P03000031809  1. Entity Name VIRGINIA PROFETA, P.A.				5	ceretary or state
1		ailing Address		٠	,
479 N.W .27 AVE 2101 NE 198 TERRACE MIAMI, FL 33125 MIAMI, FL 33179					,
			-		
	A NOT MOTE II	u Turo one	~ P**	04262005 No Chg	;-P CR2E034 (10/03)
L	OO NOT WRITE II	V THIS SPA	CE	4. FEI Number 14-1876734	Applied For Not Applicable
				5. Certificate of Status De	sired \$8.75 Additional
	6. Name and Address of Current Regis	itered Agent	ļ ——		Fee Required
	, VIRGINIA			DO NOT	WDITE
291 S.W. 27TH AVE MIAMI, FL 33135					
			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 of princed-name of registered agent and title if apolicable (NOTE Registered Agent signature required when reinstalling) DATE					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees	
10. TITLE	OFFICERS AND DIREC	CTORS	÷ ·		
NAME STREET ADDRESS	PROFETA, VIRGINIA 291 S.W. 27TH AVE	U00000342690 04/29/05-80065-018 150.00			
CITY - ST - ZIP	MIAMI, FL 33135				
TITLE NAME		· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZIP					
THILE	<u> </u>	<del></del>	-		a second a second
NAME STREET ADDRESS	-				
CITY-ST-ZIP			_	DO NOT	
TITLE NAME			2	IN THIS	SPACE
STREET ADDRESS CITY - ST - ZIP					
TITLE			m. 200 -		
NAME STREET ADDRESS	,				{
CITY-ST-ZIP			ł		
TITLE 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)(1), 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.					