

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036203

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: THREE FORKS HOLDING, INC.

## Current Principal Place of Business:

418 ALMINAR AVE.  
CORAL GABLES, FL 33146

## New Principal Place of Business:

245 CANDIA AVE  
CORAL GABLES, FL 33134

## Current Mailing Address:

418 ALMINAR AVE.  
CORAL GABLES, FL 33146

## New Mailing Address:

245 CANDIA  
CORAL GABLES, FL 33134

FEI Number: 02-0687417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLET, JORGE  
245 CANDIA AVE.  
CORAL GABLES, FL 33144 US

## Name and Address of New Registered Agent:

BLET, JORGE M  
245 CANDIA AVE.  
CORAL GABLES, FL 33144 US

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.

SIGNATURE: JORGE BLET

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: AMO, CARLOS D  
Address: 2672 SW 118 CT.  
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete  
Name: BLET, JORGE  
Address: 245 CANDIA AVE.  
City-St-Zip: CORAL GABLES, FL 33144

Title: VD (X) Delete  
Name: NARANJO, JOHN  
Address: 418 ALMINAR AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: PD ( ) Delete  
Name: AMO, GISELLE D  
Address: 2672 SW 118 CT.  
City-St-Zip: MIAMI, FL 33175

Title: TD ( ) Delete  
Name: BLET, MARIA  
Address: 245 CANDIA AVE.  
City-St-Zip: CORAL GABLES, FL 33144

Title: VD (X) Delete  
Name: NARANJO, ANEL  
Address: 418 ALMINAR AVE.  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BLET, JORGE M  
Address: 245 CANDIA AVE.  
City-St-Zip: CORAL GABLES, FL 33144

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE M BLET

SD

03/28/2005

Electronic Signature of Signing Officer or Director

Date