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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90215 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042368

1. Entity Name

Principal Place of Business
1602 SW 27TH TERR.
#1602
CAPE CORAL, FL 33914

Mailing Address
P.O. Box 151967
Cape Coral FL. 33915

14007598

04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 550827144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVESA, BENIGNO
1602 SW 27TH TERR.
CAPE CORAL, FL 33914

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9. 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: Stephanie Devesa Dir. VP 4/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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	PD
NAME	JOSE A DEVESA
STREET ADDRESS	1602 SW 27TH TERR.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	Stephanie B. DEVESA. VP
STREET ADDRESS	1602 SW 27 Terr.
CITY-ST-ZIP	Cape Coral FL. 33915.
TITLE	
NAME	Benigno DEVESA. DIR
STREET ADDRESS	1602 SW 27 Terr.
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Stephanie Devesa VP 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #