

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90048 032 \*\*\*158.75

40007518



01162005 Chg-P CR2E034 (10/03)

4. FEI Number **57-1168857** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

**GALVEZ-PRIEGO, JORGE ESQ.**  
**888 BRICKELL AVENUE**  
**FIFTH FLOOR**  
**MIAMI, FL 33131**

## 7. Name and Address of New Registered Agent

Name **JORGE GALVEZ-PRIEGO, ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2655 LE JEUNE ROAD**  
**SUITE 309**  
City **CORAL GABLES** FL Zip Code **33134**

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 *Jorge Galvez-Priego, Esq.* (NOTE: Registered Agent signature required when reinstating)

DATE **01/14/2005**

**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	P, S	<input type="checkbox"/> Delete
NAME	IZAGUIRRE PORRAS, PABLO A	
STREET ADDRESS	1633 N.E. 196 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP, T	<input type="checkbox"/> Delete
NAME	DE IZAGUIRRE, KATHLEEN	
STREET ADDRESS	1633 N.E. 196 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	IZAGUIRRE DOWNING, PABLO E	
STREET ADDRESS	1633 N.E. 196 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	IZAGUIRRE DOWNING, DANIELA	
STREET ADDRESS	1633 N.E. 196 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2005 305 4169668  
Date Daytime Phone #