

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-04-2005 90154 024 ***158.75

66021998



06012005 Chg-P CR2E034 (10/03)

4. FCI Number **03 05 326 50** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRATS, GABRIEL
2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDRADE, CARLOS M	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARTHA L	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOMEZ, RUBEN D	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARISTIZABAL, MAURICIO	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, NICOLAS	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERMAN, IVAN	
STREET ADDRESS	2121 PONCE DE LEON BLVD., SUITE 240	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05

Date

305 444 8333

Daytime Phone #