


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90250 018 \*\*\*150.00

DOCUMENT # P03000065211		
1. Entity Name MYRTHA'S CORP.		

Principal Place of Business 710 NW 187TH DR MIAMI, FL 33169 US	Mailing Address 710 NW 187TH DR MIAMI, FL 33169 US
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20040123

2. Principal Place of Business 1774 SW COMMARGO ST Suite, Apt. #, etc.	3. Mailing Address 1774 SW COMMARGO ST Suite, Apt. #, etc.
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City & State PORT ST. LUCIE FLA	City & State PORT ST. LUCIE FLA
Zip 34987	Zip 34987
Country LUCIE	Country LUCIE

04162005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0039645	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DORISCA, MYRTHA 710 NW 187TH DR MIAMI, FL 33169		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORISCA, MYRTHA 710 NW 187TH DR MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE: Myrtha Dorisca April 19<sup>th</sup> 2005 772-3438057  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #