

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000065874

1. Entity Name
SPECIAL FORCES, INC.



Principal Place of Business
2833 SOUTHWEST ROSETTA STREET
PORT SAINT LUCIE, FL 34953

Mailing Address
2833 SOUTHWEST ROSETTA STREET
PORT SAINT LUCIE, FL 34953



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2673587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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 \$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	LESKO, DONALD
STREET ADDRESS	2833 SOUTHWEST ROSETTA STREET
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	V
NAME	PUMARIAGA, WILLIAM
STREET ADDRESS	2833 SOUTHWEST ROSETTA STREET
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	S
NAME	LESKO, SHARON
STREET ADDRESS	2833 SOUTHWEST ROSETTA STREET
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	T
NAME	PUMARIAGA, KIM
STREET ADDRESS	2833 SOUTHWEST ROSETTA STREET
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William Pomariaga William Pomariaga

Date

4-11-05

Daytime Phone #

934-536-4393