2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000068844

PROVIDENCE PROPERTY HOLDINGS INC.



04-01-2005 90026 003 ***158.75

FILED Apr 01, 2005 8:00 am Secretary of State

Principal Place of Business

Mailing Address

141 NE 3RD AVE #1100 MIAMI, FL 33132

141 NE 3RD AVE #1100 MIAMI, FL 33132



DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

Applied For 4. FEI Number 03-0522259 Not Applicable. \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DIEGO CALLE JUAN

141 NE 3RD AVE #1100 MIAMI, FL 33132			IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	ed office or registe	ered agent, or both, in	the State of Florida. I am	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		5.00 May Be ded to Fees		
10.	OFFICERS AND DIREC	CTORS .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVT CALLE, ROSA H 141 NE 3RD AVE #1100 MIAMI, FL 33132 DV					
NAME	CALLE, ANA MARIA			. 1	**	
STREET ADDRESS				."	.*	٠.
CITY_ST_ZIP — -MIAMI, FL-33132 — — — — — — — — — — — — — — — — — — —						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CALLE, JENARO 141 NE 3RD AVE #1100 MIAMI, FL 33132			DO N	IOT WRIT	Ē
TITLE				IN T	HIS SPACE	
NAME					IIO OI AOI	_
STREET ADDRESS CITY-ST-ZIP						1
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TITLE						· •
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CITY-ST-ZIP	1				•	•
TITLE			1,32			
NAME						
STREET ADDRESS					*** *** *** *** *** *** *** *** *** **	
CITY-ST-ZIP		<u></u>			<u> </u>	*
12. I hereby indicated	certify that the information supplied with this f d on this report or supplemental report is true	illing does not qualify for the exe and accurate and that my signa	mption stated in Stare shall have the	Section 119.07(3)(i), Fe same legal effect as	lorida Statutes. I further ce if made under oath; that I	ertify that the information 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #