

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90173 046 \*\*\*158.75

**50035605**



04032005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0259210** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

BEDOYA, OSCAR  
1420 SW 30TH AVE  
#15  
BOYNTON BEACH, FL 33426

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

9. 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 \_\_\_\_\_ (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	DP	<input type="checkbox"/> Delete
NAME	BEDOYA, OSCAR	
STREET ADDRESS	9205 CITRUS ISLE LN	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BEDOYA, JULIAN	
STREET ADDRESS	1420 SW 30TH AVE #15	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BEDOYA, EDGAR	
STREET ADDRESS	1420 SW 30TH AVE #15	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEDOYA, MARIO	
STREET ADDRESS	1420 SW 30TH AVE #15	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNOZ-BEDOYA, ANA M	
STREET ADDRESS	1420 SW 30TH AVE #15	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEDOYA, ALONSO	
STREET ADDRESS	9205 CITRUS ISLE LN	
CITY-ST-ZIP	LAKE WORTH, FL 33467	

## 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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIAN BEDOYA	
STREET ADDRESS	4585 EMERALD VISTA	
CITY-ST-ZIP	LAKE WORTH, FLA 33461	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ-BEDOYA ANA MILENA	
STREET ADDRESS	4585 EMERALD VISTA	
CITY-ST-ZIP	APT 6341	
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 an other like empowered.

SIGNATURE: [Signature] DATE: 04/10/05 DAYTIME PHONE #: (561) 732 5501