

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90159 040 ***150.00

DOCUMENT # P03000106878	
1. Entity Name JENNIFER SAINZ, P.A.	

Principal Place of Business 13242NW10TH TERR. MIAMI, FL 33182	Mailing Address 13242NW10TH TERR. MIAMI, FL 33182
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2. Principal Place of Business 754 NW 129 Ct.	3. Mailing Address 754 NW 129 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State miami, FLA. 33182	City & State miami FLA.
Zip 33182	Country USA

03292005 Chg-P CR2E034 (10/03)

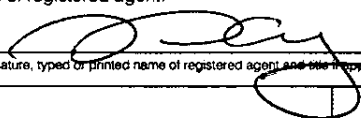
4. FEI Number 20-0314083	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAINZ, JENNIFER 13242 NW 10TH TERRACE MIAMI, FL 33182	
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7. Name and Address of New Registered Agent Name Jennifer Sainz Street Address (P.O. Box Number is Not Acceptable) 754 NW 129 Court City miami FL Zip Code 33182	
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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.

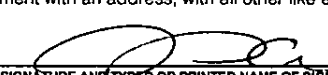
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) **4/25/2005**
Signature, typed or printed name of registered agent and fee is applicable. DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAINZ, JENNIFER 13356 NW 8TH LANE MIAMI, FL 33182 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 754 NW 129 Court miami, FLA. 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **4/25/2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #