2005 FOR PROFIT CORPORATION AUNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

	AMINOAL	CET OICE		1	
1 Entity Nam	MENT # F030001211	26			Secretary of State
Principal Plac		Mailing Address			
1307 WEST :		1307 WEST 39TH PLACE			
HIALEAH, FL	33012	HIALEAH, FL 33012			
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				06302005	No Chg-P CR2E034 (10/03)
				4. FEI Numbe	er Applied For
				20-033	
				5. Certificate	of Status Desired
	6. Name and Address of Current Re	gistered Agent		1	
	2. Hattle and Address of Oartell He	Autorea Vilaire			
ROJAS, PEDRO				חח	NOT WRITE
1307 WEST 39TH PLACE					
HIALEAH, FL 33012			IN THIS SPACE		
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8. The above named entity submits this Seteman to 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 game and pilled applicable. (NOTE, Registered Agent Signature (equired when reinstating)					
Signature, typed or printed partie of edistrict agent and title if applicable. (NOTE, Registered Agent Signature required when reinstating) DATE					
FILE NOVEL FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees	In accordance with s. 607,193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND D	EFCTORS I			
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NAME	ROJAS, PEDRO				·
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TITLE			1		'
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STREET ADDRESS	1		1		
CITY-ST-ZIP			<u>L</u>		
12. I hereby indicated	certify that the information supplied with the don this report or supplemental report is be	nis filing does not qualify for the exe rue and accurate and that my sinna	imption stated in S ture shall have the	ection 119,07(3) same legal effe	(i), Florida Statutes. I further certify that the information of as if made under gath; that I am an officer or director
12. I hereby certify that the information supplied with this filing does not quality 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 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 chapter do not an attachment with an address with all chapters.					