

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

052w

FILED

05 NOV 29 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09082005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0451497

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIR, JANA B
711 HOUSEWREN CIR
PALM HARBOR, FL 34683

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MIR, JANA B
STREET ADDRESS 711 HOUSEWREN CIR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE DV
NAME ESPONDA, SILVIA B
STREET ADDRESS 1310 MANDARIN DR
CITY-ST-ZIP PALM HARBOR, FL 34654

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500062127035
12/13/05--01056--011 **750.00

**DO NOT WRITE
IN THIS SPACE**

[Signature] 11/29

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: *[Signature]* Jana Beth Mir

9-20-05 727-786-1179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #