

2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P04000002624 1. Entity Name EMILIA ROCA, P.A.						05 MAY 23 AM 11:45 RECEIVED DATE 05/23/05	
Principal Place of Business 4165 PINE AIRE DRIVE LAKE WORTH, FL 33467				Mailing Address 4165 PINE AIRE DRIVE LAKE WORTH, FL 33467			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RIDGEWAY, EMANUEL 5446 OAKBRANCH DRIVE LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u><i>Emanuel Ridgeway</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>1/31/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P <input type="checkbox"/> Delete NAME ROCA, EMILIA STREET ADDRESS 4165 PINE AIRE DRIVE CITY-ST-ZIP LAKE WORTH, FL 33467				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100055573911 STREET ADDRESS 06/01/05--01036--007 CITY-ST-ZIP **300.00			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				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 all other like empowered.							
SIGNATURE: <u><i>Emanuel Ridgeway</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-31-05</u> Daytime Phone #			

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January 07, 2005



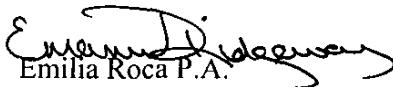
Florida Department of State
Attn: Katherine Harris
Secretary of State
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

The reason why this form is being submitted late is because I didn't receive the proper filing document before the deadline May 1, 2004.

Your assistance in this matter is greatly needed and appreciated.

Sincerely,


Emilia Roca P.A.

C & E Financial Services
5446 Oak Branch Dr.
Lake Worth, FL 33463

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Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

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