2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-03-2005 90041 046 ***150.00

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DOCUMENT # P04000016275

1. Entity Name
PROPERTY VENTURES & ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
5780 SW 55TH ST. MIAMI, FL 33155	5780 SW 55TH ST. MIAMI, FL 33155

66004438

01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO Box 144914
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Coral Gables FL
Zip / Country	Zip: 33114 / Country: USA

4. FEI Number: 65-1217298 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GORDILLO, DONALD H
P. O. BOX 144914
CORAL GABLES, FL 33114

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 5780 SW 55th Street
City: Miami FL Zip Code: 33155

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORDILLO, DONALD H	NAME	
STREET ADDRESS	P. O. BOX 144914	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33114	CITY-ST-ZIP	
TITLE	VSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GORDILLO, GLORIA J	NAME	
STREET ADDRESS	P. O. BOX 144914	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33114	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] DONALD H. GORDILLO 1/31/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #