

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 012 ***150.00

20020789



01212005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1024608 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MATTEI, JOSE W
13866 GLASSER AVE.
ORLANDO, FL 32826

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MATTEI, JOSE W	
STREET ADDRESS	13866 GLASSER AVE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	SRV	<input type="checkbox"/> Delete
NAME	MATTEI, JOSE G	
STREET ADDRESS	13866 GLASSER AVE	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTEI, LAURA E	
STREET ADDRESS	ORLANDO	
CITY-ST-ZIP	WINTER PARK, FL 32826	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESTRADA, GUIOMAR E	
STREET ADDRESS	13866 GLASSER AVE.	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTEI, JOSE A SR.	
STREET ADDRESS	B-5-H GARFIELD ST., PARKVILLE SUR	
CITY-ST-ZIP	GUAYNABO, PR 00969	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, LAURA E	
STREET ADDRESS	B-5-H GARFIELD ST., PARKVILLE SUR	
CITY-ST-ZIP	GUAYNABO, PR 00969	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 9, 2005 407 340-6400
Date Daytime Phone #