

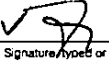



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90190 047 \*\*\*150.00

<b>DOCUMENT # P04000022481</b> 1. Entity Name <b>BY CARMENZA, CORP.</b>					
Principal Place of Business <b>801 W. 49TH STREET SUITE 205 HIALEAH, FL 33012</b>			Mailing Address <b>801 W. 49TH STREET SUITE 205 HIALEAH, FL 33012</b>		
2. Principal Place of Business <b>10275 COLLINS AVE Suite, Apt. #, etc. 616</b>		3. Mailing Address <b>10275 COLLINS AVE Suite, Apt. #, etc. 616</b>			
City & State <b>BAL HARBOUR, FL</b>		City & State <b>BAL HARBOUR, FL</b>		4. FEI Number <b>20-0691225</b>	
Zip <b>33154</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, CARMEN E 9511 COLLINS AVE. #902 SURFSIDE, FL 33154-N</b>				7. Name and Address of New Registered Agent Name <b>HERNANDEZ, CARMEN E</b> Street Address (P.O. Box Number is Not Acceptable) <b>10275 COLLINS AVE. #616</b>  City <b>BAL HARBOUR</b> <b>FL</b> Zip Code <b>33154</b>	
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  <b>CARMEN E HERNANDEZ. PRESIDENT</b> <small>Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>           PD  <b>MACHADO, HAYDEE</b>  <b>2780 WILLIAMS ISLAND BLVD. #C1806</b>  <b>AVENTURA, FL 33160</b> </del> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>HERNANDEZ, CARMEN E</b> <b>9511 COLLINS AVE. #902</b> <b>SURFSIDE, FL 33154</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <b>HERNANDEZ, CARMEN E</b> <b>10275 COLLINS AVE. #616</b> <b>BAL HARBOUR, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____		
			Date _____ Daytime Phone # _____		