

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049267

FILED
Feb 05, 2005
Secretary of State

Entity Name: NEIBAUR & ASSOCIATES P.A., CPA'S

Current Principal Place of Business:

2530 FAIRWAYS DRIVE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 901868
HOMESTEAD, FL 33090

New Mailing Address:

10720 CARIBBEAN BLVE 440
MIAMI, FL 33189

FEI Number: 20-0881480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANCY, NEIBAUR
2530 FAIRWAYS DR.
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEIBAUR, NANCY
Address: P.O. BOX 901868
City-St-Zip: HOMESTEAD, FL 33090

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEIBAUR, NANCY
Address: 2530 FAIRWAYS DRIVE
City-St-Zip: HOMESTEAD, FL 33035

Title: VP () Change (X) Addition
Name: SOSA PEREZ, ELIZABETH
Address: 10720 CARIBBEAN BLVD 440
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY NEIBAUR

PRES

02/05/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date