2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# P04000067903

Entity Name: KARLA A MOREIRA PA

Current Principal Place of Business:

10880 LA SALINAS CIRCLE
BOCA RATON, FL 33428

New Principal Place of Business:

8604 PINION DRIVE
LAKEWORTH, FL 33467

Current Mailing Address:

10880 LA SALINAS CIRCLE
BOCA RATON, FL 33428

New Mailing Address:

8604 PINION DRIVE
LAKEWORTH, FL 33467

FEI Number: 20-1041969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOREIRA, KARLA
10880 LA SALINAS CIRCLE
BOCA RATON, FL 33428 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOREIRA, KARLA A
Address: 10880 LA SALINAS CIRCLE
City-St-Zip: BOCA RATON, FL 33428

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: JOHN, MOREIRA
Address: 8604 PINION DRIVE
City-St-Zip: LAKEWORTH, FL 33467

Title: S ( ) Change (X) Addition
Name: VICTOR, CARRILLO
Address: 8604 PINION DRIVE
City-St-Zip: LAKEWORTH, FL 33467

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: KARLA A MOREIRA P 09/07/2005

Electronic Signature of Signing Officer or Director — Date