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## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED SECRETARY OF STATE **DOCUMENT # P04000078270** DIVISION OF CORPORATIONS 1. Entity Name EAGLE PARTY OF FLORIDA, INC. 05 NOV -7 AM 10: 28 Principal Place of Business Mailing Address 2780 MICHIGAN AVE 2780 MICHIGAN AVE KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09082005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 0876598 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MONTES, INES Street Address (P.O. Box Number is Not Acceptable) 14920 INDIGO LAKE DR ORLANDO, FL 32824 City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME MONTES, INES NAME STREET ADDRESS 14920 INDIGO LAKE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME MONTES, ASHLEE NAME STREET ADDRESS 14920 INDIGO LAKE DR STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ORLANDO, FL 32824 TITLE ☐ Delete TITLE Change Addition NAME MONTES, KARLA STREET ADDRESS 14920 INDIGO LAKE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MONTES, LIZANDRO NAME NAME STREET ADDRESS 14920 INDIGO LAKE DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NOMATONE AND TYPED OR PRIN: \_\_ NAME OF SILIVING OFFICER OR ORECTOR

☐ Delete

Date Davine Phone #

☐ Change

Addition

## Eagle Party

## Of Florida, Inc.

2780 Michigan Avenue Kissimmee, FI 34744 407-943-7557



November 1, 2005

Division of Corporation;

RE: Annual report and waiver of late fee, Document # P04000078270

The original report was mail along with the fee on 04/28/05. The check for the fee was deposited and cashed on 05/02/05. We did not receive the rejected letter with copy of the annual report on May 17, 2005. I guess it was lost in the mail. I would like to have the late fee waived because I did not receive the rejected letter. I hope you can understand that I did not receive the report and waived the late fee and reinstate our corporation. Thank you very much.

If you have any questions feel free to call 407-943-7557

Sincerely /

Ines Montes