2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-08-2005 90064 020 ***563.75 P04000079139

DOCUMENT # P04000079139 1. Entity Name				FILED			
JOSE BARRUETA COPORATION			05 0	CT 17	AH 9:38		
4997 LOCK	ce of Business ETT ROAD RS FL 33905	Mailing Address 4997 LOCKETT ROAD FORT MYERS FL 33905 US		SECTOR TALL		, 111, 11, 11, 11	
/24 T Suite, Apt.		3. Mailing Address 5// TOA Suite, Apt. #, etc.	VE Ave	2nd MOO		CR2E034 (5/05)	2 (20 72) îi (66)
City & Stat	<i>酉H ACRES</i> 『つさら7/	City & State	es fic-	4. FEI Number	27	· · · · · · · · · · · · · · · · · · ·	Applied For
239	71 Country	^{Zie} 33905	Country EE	5. Certificate of Statu	<u> </u>	\$8.75 A	
~ ~	6. Name and Address of Current R			7. Name and Addres	s of New Re		
			Name			<u></u>	
BARRUETA, JOSE S 4997 LOCKETT ROAD FORT MYERS FL 33905			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
. Greg			City	City . FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or regis	stered agent or both in the	State of Flo		h and accept
the obligat	tions of registered agent.	1	ground and arriving arriving in	stored ogata, or bour, ar bio	orario or 110	ioa. Tan iaminai wi	ii, and accept
SIGNATURE	Tare S. Ban Sgnature, typed or printed name of registered agent an	UEFA Id tele if applicable (NOTE R	agistered Agem signature requ	ured when reinstating)	09	7-01-0	<u>5</u>
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		fate fee. By checking	 allows for the warve ing this box, the corpor or notice. Fee to file is 	ration certifies it	ction Campa st Fund Cont		5.00 May Be Ided to Fees
		state did not receive price	ng this box, the corpor	ration certifies it Trus	st Fund Cont	ribution. 🗹 Ad	Ided to Fees
Make Check	k Payable to Florida Department of	state did not receive price	ng this box, the corpor or notice. Fee to file is 11. TITLE NAME STREEI ADDRESS	ration certifies it	st Fund Cont	ribution. 🗹 Ad	RS IN 11
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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: JOSE S. Barrage and TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

09-01-05-[239)297-3924