

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90006 047 \*\*\*150.00  
P04000088065


FILED

05 JUN 20 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(P04000088065P)

05112005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000088065</b>			
1. Entity Name <b>SECOND SON INC.</b>			
Principal Place of Business <b>1848 NW 8TH ST. MIAMI, FL 33125</b>		Mailing Address <b>1848 NW 8TH ST. MIAMI, FL 33125</b>	
2. Principal Place of Business <b>1115 Middle St.</b>		3. Mailing Address <b>1115 Middle St.</b>	
Suite, Apt. #, etc. <b>#2</b>		Suite, Apt. #, etc. <b>#2</b>	
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>	
Zip <b>33312</b>	Country <b>USA</b>	Zip <b>33312</b>	Country <b>USA</b>
4. FEI Number <b>201214295</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BAUTISTA, MOZART 1848 NW 8TH ST. MIAMI, FL 33125</b>		7. Name and Address of New Registered Agent Name <b>JOHN P. MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2499 Glades Rd.</b> City <b>Boca Raton</b> FL Zip Code <b>33421</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>JOHN P. MILLER</b> <i>John P. Miller</i> <b>5/22/05</b> <small>Signature a typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when re-installing. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAUTISTA, MOZART A 1848 NW 8TH ST. MIAMI, FL 33125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAUTISTA, MOZART A. 1115 MIDDLE ST. APT. #2 FORT LAUDERDALE, FL 33312</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
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
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
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
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 if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if			
SIGNATURE <i>Mozart A. Bautista</i> <b>MOZART A. BAUTISTA</b>		<b>6/6/05 954-547-2976</b>	