


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90327 040 \*\*\*150.00

DOCUMENT # P04000095117	
1. Entity Name ALEX FERNANDEZ PASCUAL P.A.	

Principal Place of Business 90 ALTON ROAD APT. 2605 MIAMI BEACH, FL 33139-6707	Mailing Address 90 ALTON ROAD APT. 2605 MIAMI BEACH, FL 33139-6707
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2. Principal Place of Business 1000 S. POINTE DR., Suite, Apt. #, etc. SUITE 100 City & State MIAMI BEACH, FL. Zip 33139 Country USA	3. Mailing Address 1000 S. POINTE DR., Suite, Apt. #, etc. SUITE 100 City & State MIAMI BEACH, FL. 33139 Zip 33139 Country USA
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50037761  
  
04142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1283414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASCUAL, ALEX F 90 ALTON ROAD APT. 2605 MIAMI BEACH, FL 33139-6707	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Alex Fernandez Pascual DATE 04-14-05  
Signature, type or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEX FERNANDEZ 1000 S. POINTE DR., #100 MIAMI BEACH, FL. 33139 <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
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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: Alex Fernandez Pascual DATE 04-14-05 786-556-7760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR