

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90018 002 \*\*\*163.75

10001030



02162005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1427414** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**BARRERA, RAUL**  
**240 NE 38 ST**  
**10**  
**OAKLAND PARK, FL 33334**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☒ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BARRERA, RAUL**  
STREET ADDRESS **240 NE 38 ST SUITE 10**  
CITY-ST-ZIP **OAKLAND PARK, FL 33334**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition  
NAME **Matteo Barrera**  
STREET ADDRESS **152 NE 38th Street #117**  
CITY-ST-ZIP **Oakland Park FL 33334**

TITLE **T** ☐ Change ☒ Addition  
NAME **Jael Ramirez**  
STREET ADDRESS **1460 S.W. 24th Court #2**  
CITY-ST-ZIP **Ft. Lauderdale FL 33315**

TITLE **S** ☐ Change ☒ Addition  
NAME **Claudia Martinez**  
STREET ADDRESS **240 N.E. 38th ST #10**  
CITY-ST-ZIP **Oakland Park FL 33334**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Raul Barrera 2/17/05 (951) 605-4669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #