2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113882

1401 S OCEAN DRIVE APT 203

HOLLYWOOD, FL 33019

Address:

City-St-Zip:

Entity Name: NORMA NIEVES, PA

FILED Mar 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1401 S OCEAN DRIVE **APT 203** HOLLYWOD, FL 33019 **New Mailing Address: Current Mailing Address:** 1401 S OCEAN DRIVE APT 203 HOLLYWOD, FL 33019 FEI Number: 20-1447278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNCYK, IRVING CPA 4310 SHERIDAN ST SUITE 202 HOLLYWOOD, FL 33021 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition NIEVES, NORMA A Name: Name: 1401 S OCAEN DR APT 203 Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: NIEVES, WASHINGTON J Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA NIEVES P 03/24/2005