

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90489 012 ***150.00

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| DOCUMENT # P04000132359 | | | | | |
| 1. Entity Name PRINCIPAL CORPORATION | | | | | |
| Principal Place of Business 11701 SW 187TH TERR. MIAMI, FL 33177 | | | Mailing Address 11701 SW 187TH TERR. MIAMI, FL 33177 | | |
| 2. Principal Place of Business 11940 SW 184 ST Suite, Apt. #, etc. | | 3. Mailing Address 11940 SW 184 ST Suite, Apt. #, etc. | | | |
| City & State MIAMI FL Zip 33177 Country | | City & State MIAMI, FL Zip 33177 Country | | 4. FEI Number 20-1660145 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent ARMAS, GISELA 11701 SW 187TH TERR. MIAMI, FL 33177 | | | 7. Name and Address of New Registered Agent Name: DANIEL LEON Street Address (P.O. Box Number is Not Acceptable): 11940 SW 184 ST City: MIAMI FL Zip Code: 33177 | | |
| 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: DATE: 4-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMAS, GISELA 11701 SW 187TH TERR. MIAMI, FL 33177 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DANIEL LEON 11940 SW 184 ST MIAMI, FL 33177 | <input type="checkbox"/> Change <input checked="" 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: | | | Date: 4/26/05 Daytime Phone #: 786.303-3649 | | |