## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134979  1. Entity Name APARICIO, INC.									05 AUS - 1		: 27		
Principal Place of Business 7350 S. WATERWAY DR. MIAMI, FL 33155			7	Mailing Address 7350 S. WATERWAY DR. MIAMI, FL 33155				I MEDINES I		masa kiin gigis (		· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business			3.	3. Mailing Address				05.02	-05 90479			× 20	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04292005	Chg-P	CR2E034	(10/03)	05	
City & State				City & State					t Applicable				
Zip				Zip	Coun	Country		<u> </u>	e of Status Desired	Fee	3.75 Addi e Required		
	6. Name	e and Address of Curi	rent Regis	stered Agent		Name		7. Name and	d Address of New Rec	jistered Age	ent		
APARICIO, JORELL H . 7350 S. WATERWAY DR. MIAMI, FL 33155					Street Address (P.O. Box Number is Not Acceptable)								
						City			•	FL	Zip Code	э .	
The above named entity submits this statement for the purpose of changing its registered the obligation of controls and							register	ed agent, or bo	oth, in the State of Flori		niliar with,	and accept	
SIGNATURE_													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		FEE IS \$150.00 5 Fee will be \$5		9. Election Campa Trust Fund Cont		<b>\$5.</b> ! Add <i>e</i>	.00 May Be ed to Fees						
10.	Р	OFFICERS A	AND DIRE		<u>-                                    </u>		ADDITIONS	CHANGES TO OFFIC					
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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.												or director	
SIGNAT	TIRE.	LC	/	1	Jo	RECL /	APAR	icio - Pi	ees 7/21/05	5 /305	527	1.5454	
SiditAi	OHE.	SIGNATURE AND TYPE	OR PRINTE	D NAME OF SIGNING OFFICER	OR DIRECT	TOR	-,		Da fr	Dayte	me Phone #		

Florida Department of State Secretary of State DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Fl. 32314

To Whom It May Concern:

I received a Notice of Intent to Dissolved, and when I called your office I was informed that my application had been rejected because it was missing the FEI number. Correspondence notifying rejection of the application was never received, and my check in the amount of \$150.00 was cashed, therefore, I was not aware of the rejection until we received the Notice in the mail.

I am resubmitting the application and completed the missing information. Please, kindly wave any additional fees.

Do not hesitate to contact me or Mrs. Miranda if further information is required.

Sincerely,

Jorell Aparicio
President

JA/mm