

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90250 023 ***150.00

DOCUMENT # P04000138230 1. Entity Name THE CORPORATE ADVANTAGE, INC			
Principal Place of Business 8180 NW 36 STREET 316 MIAMI, FL 33166		Mailing Address 8180 NW 36 STREET 316 MIAMI, FL 33166	
2. Principal Place of Business 33 E CANINO REAL Suite, Apt. #, etc. 604		3. Mailing Address 33 E CANINO REAL Suite, Apt. #, etc. 604	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33432		Zip 33432	
Country PAUL BEACH		Country PAUL BEACH	
6. Name and Address of Current Registered Agent GONZALEZ, LILIANA 8180 NW 36 STREET 316 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name MARSELLA SIESSER Street Address (P.O. Box Number is Not Acceptable) 33 E CANINO REAL SUITE 604 City BOCA RATON FL Zip Code 33432	
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 Liliana Gonzalez Marsella Siesser 4/16/05 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GONZALEZ, LILIANA ☒ Delete	TITLE Y NAME GUENN SIESSER ☐ Change ☒ Addition		
STREET ADDRESS 8180 NW 36 STREET SUITE 316	STREET ADDRESS 33 E CANINO REAL #604		
CITY-ST-ZIP MIAMI, FL 33166	CITY-ST-ZIP BOCA RATON FL 33432		
TITLE ☐ Delete	TITLE P ☐ Change ☒ Addition		
NAME 	NAME MARSELLA SIESSER		
STREET ADDRESS 	STREET ADDRESS 33 E CANINO REAL SUITE #604		
CITY-ST-ZIP 	CITY-ST-ZIP BOCA RATON FL 33432		
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME 	NAME 		
STREET ADDRESS 	STREET ADDRESS 		
CITY-ST-ZIP 	CITY-ST-ZIP 		
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition		
NAME 	NAME 		
STREET ADDRESS 	STREET ADDRESS 		
CITY-ST-ZIP 	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)(f), 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: Liliana Gonzalez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/16/05 (561) 417-0318 Date Daytime Phone #	