


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

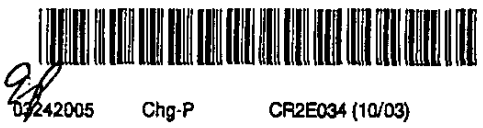
05 MAY -4 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000147928 1. Entity Name ISMARY CHACON PA	
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Principal Place of Business 1558 NW 159 AVENUE PEMBROKE PINES, FL 33028 US	Mailing Address 1558 NW 159 AVENUE PEMBROKE PINES, FL 33028 US
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc.
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City & State Zip	City & State Zip
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4. FEI Number 201808095	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHACON, ISMARY 1558 NW 159 AVENUE PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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: *Ismary Chacon* DATE: 03/24/05

Signature, Type or Print Name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHACON, ISMARY 1558 NW 159 AVENUE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000283348 04/01/05-80022-016 150.00
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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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

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: *Ismary Chacon* DATE: 03/24/05 DAYTIME PHONE #: (305) 979 9609

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #