## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000149471

Entity Name: P4OT INC.

FILED May 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12385 SW 129 CT., UNIT 4 12030 SW 77 TERRACE MIAMI, FL 33186

MIAMI, FL 33183

**Current Mailing Address: New Mailing Address:** 

12385 SW 129 CT., UNIT 4 12030 SW 77 TERRACE MIAMI, FL 33186 MIAMI, FL 33183

FEI Number: 20-1848049 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:

VICTORES, JENNIFER 12385 SW 129 CT., UNIT 4 MIAMI, FL 33186

MARQUEZ & MARCELO-ROBAINA, P.A. 6303 BLUE LAGOON DRIVE SUITE 390 MIAMI, FL 331266005 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: AIMEE L. NUNEZ 05/04/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete VICTORES, JENNIFER VICTORES, DIDIO A Name: Name: 12385 SW 129 CT., UNIT 4 12030 SW 77 TERRACE Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33183

Title: SD Title: DP () Delete (X) Change ( ) Addition VICTORES, MONICA Name: Name: RAMOS, ADOLFO

12385 SW 129 CT., UNIT 4 14208 SW 132 AVENUE Address: Address: MIAMI, FL 33186 MIAMI, FL 33186 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: SVP ( ) Change (X) Addition

Name: VICTORES, MONICA Name: 12030 SW 77 TERRACE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33183

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.

Ρ SIGNATURE: ADOLFO RAMOS 05/04/2005