
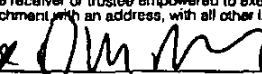


**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90075 017 \*\*\*150.00

**2005 FOR PROFIT CORPORATION -  
ANNUAL REPORT**

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # P04000158038</b>  |   |    |   |
| 1. Entity Name<br><b>ALLAN PELAEZ, P.A.</b>   |   |   |   |
| Principal Place of Business<br><b>5081 SW 128TH AVENUE<br/>MIRAMAR, FL 33027</b>  |   | Mailing Address<br><b>5081 SW 128TH AVENUE<br/>MIRAMAR, FL 33027</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
|   |   | 04122005 Chg-P CR2E034 (10/03)  |   |
| 4. FEI Number<br><b>34-2027838</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>PELAEZ, ALLAN<br/>5081 SW 128TH AVENUE<br/>MIRAMAR, FL 33027</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>              |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <b>D<br/>PELAEZ, ALLAN<br/>5081 SW 128TH AVENUE<br/>MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |   | Date <b>24-12-05</b> Daytime Phone # <b>2786-301-9520</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |   |

**66017823**





66017823

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).