
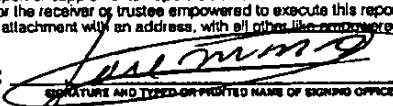


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90151 002 \*\*\*150.00

|   |                     |  |   |   |                                   |
|---|---------------------|--|---|---|-----------------------------------|
| <b>DOCUMENT # P04000160653</b>  |                     |  |   |                |                                   |
| 1. Entity Name<br>PROPERTY IMPROVEMENTS OF TAMPA BAY, INC.  |                     |  |   |   |                                   |
| Principal Place of Business<br>10805 N 52ND STREET<br>TAMPA, FL 33617 US  |                     |  | Mailing Address<br>10805 N 52ND STREET<br>TAMPA, FL 33617 US  |   |                                   |
| 2. Principal Place of Business  |                     |  | 3. Mailing Address  |   |                                   |
| Suite, Apt. #, etc.   |                     |  | Suite, Apt. #, etc.   |   |                                   |
| City & State  |                     |  | City & State  |   |                                   |
| Zip   | Country             | Zip  | Country   | 4. FEI Number<br><b>20-1934512</b>  |                                   |
|   |                     |  |   | Applied For<br>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><br>NUNEZ, JOSE MIGUEL<br>10805 N 52ND STREET<br>TAMPA, FL 33617   |                     |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |                     |  |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>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 Added to Fees</b> |   |   |                                   |
| 10. OFFICERS AND DIRECTORS  |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                   |
| TITLE   | PD                  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | NUNEZ, JOSE MIGUEL  |  | NAME  |   |                                   |
| STREET ADDRESS  | 10805 N 52ND STREET |  | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   | TAMPA, FL 33617     |  | CITY - ST - ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |  | NAME  |   |                                   |
| STREET ADDRESS  |                     |  | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   |                     |  | CITY - ST - ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |  | NAME  |   |                                   |
| STREET ADDRESS  |                     |  | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   |                     |  | CITY - ST - ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                     |  | NAME  |   |                                   |
| STREET ADDRESS  |                     |  | STREET ADDRESS  |   |                                   |
| CITY - ST - ZIP   |                     |  | CITY - ST - ZIP   |   |                                   |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> 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)(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:   |                     |  | 4-28-05 (013) 263-8512  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     |  | Date Daytime Phone #  |   |                                   |