## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attack

SIGNATURE:

address, with all other like empowered.

## Aug 15, 2005 8:00 am Secretary of State **DOCUMENT # P04000166836** 08-15-2005 90080 045 \*\*\*150.00 1. Entity Name VIVIÁNE STAMPAR, P.A. Principal Place of Business Mailing Address **2006122**8 22570 BLUE MARLIN DRIVE 22570 BLUE MARLIN DRIVE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272005 CR2E034 (10/03) 4. FEL Number 34-20 2 621 4 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAMPAR, VIVIANE Street Address (P.O. Box Number is Not Acceptable) 22570 BLUE MARLIN DRIVE BOCA RATON, FL 33428 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. Signature, lyped or printed gerne of registered apent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 П Trust Fund Contribution. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F ☐ Delete TITLE Change ☐ Addition NAME STAMPAR, VIVIANE 22570 BLUE MARLIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Delete TITLE ☐ Change ■ Addition STAMPAR, VIVIANE NAME NAME STREET ADDRESS 22570 BLUE MARLIN DRIVE STREET ADDRESS BOCA RATON, FL 33428 CITY-ST-7P CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Chance ☐ Addition T:71 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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 12. I hereby certify that the information indicated on this report or supply of the corporation or the received n 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 mental 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 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

**FILED** 



Auditors and Accountants ~ 3640 N Federal Hwy. ~ Lighthouse Pt. Fl. 33064 Phone 954-781-8808 ~ Fax 954-781-0215

August 8, 2005

State of Florida Division of Corporations P. O. Box 1500 Tallahassee, Fl. 32302-1500

Ref: Viviane Stampar, P. A. #P04000166836

Dear Representative;

This Client is a first year Corporation and didn't realize his responsibility for filing an Annual Report. Since our meeting I have advised him of this filing. Please accept this filing as timely.

Sincerely,

H. J. Jenzano Jr. For the Firm