

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 27, 2006 8:00 am
Secretary of State

02-02-2006 90033 025 ***150.00

DOCUMENT # P05000135277																											
1. Entity Name RESERVA INC																											
Principal Place of Business P O BOX 340496 TAMPA, FL 33694 US			Mailing Address P O BOX 340496 TAMPA, FL 33694 US																								
2. Principal Place of Business			3. Mailing Address																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																								
City & State			City & State																								
Zip		Country		Zip																							
Country		Country		01122006 Chg-P CR2E034 (11/05)																							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																							
TESTA, PHILIP J SR 4726-B N LOIS AVE TAMPA, FL 33614				Name Street Address (P.O. Box Number is Not Acceptable) City																							
FL				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 _____																											
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>JOSE C DE ARAUJO</u> <u>1/31/06</u> <u>813-760-4509</u>																											

66002724

