

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90336 049 ***150.00

20048502



01262005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0413016** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTORANO, SAL
300 NW 12TH AVE
MIAMI, FL 33128

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DOMINGUEZ, AGUSTIN | |
| STREET ADDRESS | 300 NW 12TH AVENUE | |
| CITY-ST-ZIP | MIAMI, FL 33128 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RUSSELL, SIBLEY A | |
| STREET ADDRESS | 300 NW 12TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33128 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MARTORANO, SAL | |
| STREET ADDRESS | 300 NW 12TH AVE | |
| CITY-ST-ZIP | MIAMI, FL 33128 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DVT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Revaes, Ron | |
| STREET ADDRESS | 300 NW 12 Avenue | |
| CITY-ST-ZIP | Miami, Florida 33128 | |
| TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rodriguez, Kathleen | |
| STREET ADDRESS | 300 NW 12 Avenue | |
| CITY-ST-ZIP | Miami, Florida 33128 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: Salvatore Martorano 03/04/2005 (305) 324-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #