

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90242 021 ***150.00

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04212005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0480328** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIETO, WALTER A
12505 SW 9TH PLACE
DAVIE, FL 33325

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, 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 **PSD** ☐ Delete
NAME **NIETO, WALTER A**
STREET ADDRESS **12505 SW 9TH PLACE**
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☒ Change ☐ Addition
NAME **1142 SKYLARK DR.**
STREET ADDRESS **WESTON, FL 33327**
CITY-ST-ZIP

TITLE **VDD** ☐ Delete
NAME **EGUEZ, CARLOS A**
STREET ADDRESS **4850 SW 128TH AVENUE**
CITY-ST-ZIP **SW RANCHES, FL 33330**

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME _____
STREET ADDRESS _____
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **CARLOS EGUEZ** 04/20/05 (305) 817-2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #