2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM

DOCUMENT # P94000076644 1. Entity Name RICARDO R. VIVES, P.A.					Sec	retary	of State
Principal Place of Business Mailing Address Oct ALLIANDRA CIPCLE							
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			14 P. S.				75 Additional
	6. Name and Address of Current Regis	than Anasi	1 	5. Certificate	of Status Desired	Fee R	lequired
		ttered Agent	<u></u>	<u> </u>		452200000000000000000000000000000000000	
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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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaing) DATE							
FILE NOW!!! FEE IS \$150.00 9. Election Camp After May 1, 2005 Fee will be \$550.00 Trust Fund Cor			· _	.00 May Be ed to Fees	U00000 04/16/05-)309 <u>787</u> -80052-001	ico m
10.	OFFICERS AND DIREC	OTORS		TOTAL PROPERTY OF THE PARTY OF			······································
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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 emptiwered 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RELEASER R. VINCES

PARTICLES