

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092056

FILED
Apr 11, 2005
Secretary of State

Entity Name: EFRAIN APONTE, P.A.

Current Principal Place of Business:

450 CROWN OAK CENTRE DR
LONGWOOD, FL 32750 US

New Principal Place of Business:

884 CUTLER ROAD
LONGWOOD, FL 32779 US

Current Mailing Address:

450 CROWN OAK CENTRE DR
LONGWOOD, FL 32750 US

New Mailing Address:

P.O.BOX 916128
LONGWOOD, FL 32791 US

FEI Number: 59-3283950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APONTE, EFRAIN
450 CROWN OAK CENTRE DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

APONTE, EFRAIN
884 CUTLER ROAD
LONGWOOD, FL 32779 US

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.

SIGNATURE: EFRAIN APONTE

04/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APONTE, EFRAIN
Address: 884 CUTLER RD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN APONTE

D

04/11/2005

Electronic Signature of Signing Officer or Director

Date