

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000020806

1. Entity Name
AYMARA & ASSOCIATES, INC.



Principal Place of Business
7520 SW 57TH AVE.
SUITE D
SOUTH MIAMI, FL 33143

Mailing Address
7520 SW 57TH AVE.
SUITE D
SOUTH MIAMI, FL 33143



DO NOT WRITE IN THIS SPACE

04052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0567013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, AYMARA
7520 SW 57TH AVE. SUITE D
SOUTH MIAMI, FL 33143

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IN THIS SPACE**

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

4-5-05
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

TITLE PD
NAME FERNANDEZ, AYMARA
STREET ADDRESS 7520 SW 57 AVE. SUITE D
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE T
NAME FERNANDEZ, VICENTE
STREET ADDRESS 7520 SW 57TH AVE. SUITE D
CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/13/05-80016-006 150.00

12. I hereby certify that the information supplied with this filing 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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05 (305) 668-6168

Date

Daytime Phone #