

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90027 018 \*\*\*150.00

**20030871**



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0582478</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LOPEZ, LUIS  
1330 W. 42ND PLACE  
HIALEAH, FL 33012

**DO NOT WRITE  
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

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**

TITLE	PD
NAME	LOPEZ, LUIS
STREET ADDRESS	19320 E. ST. ANDREW DRIVE 15982 N.W. 79 ST
CITY-ST-ZIP	MIAMI, FL 33046 MIAMI LAKE FL 33016
TITLE	VD
NAME	LOPEZ, MIGUEL
STREET ADDRESS	16521 N.W. 82 PLACE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	SD
NAME	CANDELARIO, VICTOR H
STREET ADDRESS	11630 W. 57TH COURT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	TD
NAME	VALDES, JOSE A
STREET ADDRESS	573 W. 63RD STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #