

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUL 21 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07182006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3353797

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SIERRA, JOHN R JR  
509 GUIDSANDO DE AVILA  
SUITE 200  
TAMPA, FL 33613

## 7. Name and Address of New Registered Agent

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SIERRA, STUART S	
STREET ADDRESS	509 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, GRAY	
STREET ADDRESS	509 GUI SANDO DE AVILA	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, JOHN R. JR	
STREET ADDRESS	509 GUI SANDO DE AVILA #200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, STUART S.	
STREET ADDRESS	509 GUI SANDO DE AVILA #200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIERRA, MICHAEL J.	
STREET ADDRESS	509 GUI SANDO DE AVILA #200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	V/SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, THOMAS	
STREET ADDRESS	509 GUI SANDO DE AVILA #200	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JOHN R. SIERRA JR

7-10-06

813 963-5856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #