

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 AUG 25 PM 4:32

SECRET
TALLAHASSEE, FLA 323

50060322



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0661965Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**GAMBOA, JAIME
318 INDIAN TRACE
451
WESTON, FL 33326**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 renewing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
-Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAMBOA, JAIME 318 INDIAN TRACE #451 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

700059385467
09/07/05--01023--009 **391.25**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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # _____

4/19/05