2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000061364 02-11-2005 90039 038 ***150.00 1. Entity Name THE CUEVAS-DENNIS CORPORATION Principal Place of Business Mailing Address 40017259 7118 NW 107TH AVE 7118 NW 107TH AVE TAMARAC, FL 33321 TAMARAC, FL 33321 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0692656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RITTER, GREGORY J DO NOT WRITE 7000 W PALMETTO PARK RD, SUITE 400 BOCA RATON, FL 33433 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TITLE D DENNIS, ROGER F NAME 6790 NW 88TH AVE STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 D S TITLE ADDRESS CHARGE DENNIS ROGER F. NAME STREET ADDRESS MINO THE HILL GOT AVENUE CITY-ST-ZIP THEMPER FLORIDA TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HUNDER OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(eb. 5 2005

(954) -726, 8657

Daytime Phone

FILED Feb 11, 2005 8:00 am