

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90301 020 ***150.00

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1. Entity Name

BETTER AMERICA, CORP.



Principal Place of Business

~~9501 SW 37 ST~~ **5500 NE MIAMI CT**
~~MIAMI FL 33165~~ **MIAMI, FL 33137**

Mailing Address

P OBOX 143579
CORAL GABLES FL 33114

50042331



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5500 NE MIAMI CT

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

Zip

33137

Country

DADE

Country

4. FEI Number

65-0679859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, CLARA

~~9501 SW 37 ST~~ **5500 NE MIAMI CT**

~~MIAMI FL 33165~~ **MIAMI - FL 33137**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GOMEZ, CLARA
STREET ADDRESS ~~9501 SW 37 ST~~
CITY-ST-ZIP ~~MIAMI FL 33165~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME CLARA GOMEZ
STREET ADDRESS 5500 NE MIAMI CT
CITY-ST-ZIP MIAMI - FL 33137

TITLE VP ☐ Change ☒ Addition
NAME ALEJANDRO P. GOMEZ
STREET ADDRESS 105 SW 20TH ROAD
CITY-ST-ZIP MIAMI - FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Clara Gomez **PRESIDENT** 4/18/05 305-598-2046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #