## 2005 FOR PROFIT CORPORATION

## FILED May 02, 2005 08:00 AM Secretary of State **ANNUAL RÉPORT DOCUMENT # P97000047193** LAW OFFICES OF JULIO J. AYALA, P.A. Principal Place of Business Mailing Address 169 E FLAGLER ST 169 E FLAGLER ST 1620 1620 MIAMI, FL 33131 US MIAMI, FL 33131 US 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0750823 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AYALA, JULIO J 169 E FLAGLER STE 1620 IN THIS SPACE MIAMI, FL 33131 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Arient signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE AYALA, JULIO J NAME 169 E FLAGLER STE 1620 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP 000000351171 05/02/05-80134-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE mil RAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the info indicated on this report or s of the corporation of the re changed, or on an attach with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR