


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90029 011 ***150.00

DOCUMENT # P97000053937

1. Entity Name
 2490-2491 SEMINOLA CORP.



Principal Place of Business
 13351 NW 102ND AVE.
 HIALEAH, FL 33018

Mailing Address
 13351 NW 102ND AVE.
 HIALEAH, FL 33018

2. Principal Place of Business
 10001 NW 133ST

3. Mailing Address
 10001 NW 133ST

Suite, Apt. #, etc.



04272005 Chg-P CR2E034 (10/03)

City & State
 Hialeah Garden, FL

City & State
 Hialeah Garden, FL

Zip
 33018

Country
 U.S.

4. FEI Number
 65-0765443

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J
 999 PONCE DE LEON BLVD.; STE: 1110
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
 Jesus Sosa

Street Address (P.O. Box Number is Not Acceptable)
 10001 NW 133 Street

City
 Hialeah Garden FL Zip Code
 33018

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: *Jesus Sosa* Jesus Sosa, Director & President 5-17-05

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOSA, SEGUNDO JR. 13351 NW 102ND AVE. HIALEAH, FL 33018 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sosa Segundo Sr. 13351 NW 102 AVE. Hialeah Garden FL 33018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sosa Jesus 13351 NW 102 AVE. Hialeah Garden FL 33018 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sosa Segundo Sr. 19224 Bob O Link Drive. MIAMI FL 33015. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Sosa Jesus 10001 NW 133ST Hialeah Garden FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S, T IRIANA SOSA 10001 NW 133ST Hialeah Garden FL 33018. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jesus Sosa* 5-17-05 305) 8262524

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jesus Sosa Director and President