

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-26-2005 90029 012 ***150.00

| | | | |
|---|--|---|---|
| DOCUMENT # P97000058410 1. Entity Name 564-570 SEMINOLA CORP. | | | |
| Principal Place of Business 13351 NW 102 AVENUE HIALEAH GARDENS, FL 33018 | | Mailing Address 13351 NW 102 AVENUE HIALEAH GARDENS, FL 33018 | |
| 2. Principal Place of Business 10001 NW 133 ST Suite, Apt. #, etc. | | 3. Mailing Address 10001 NW 133 ST Suite, Apt. #, etc. | |
| City & State Hialeah Garden, FL Zip 33018 | | City & State Hialeah Garden FL Zip 33018 | |
| 4. FEI Number 65-0786805 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04272005 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent COHEN; STUART A SUITE 208 - CLAIRE'S PLAZA THREE WEST FLAMINGO DRIVE PEMBROKE PINES, FL 33027 | | 7. Name and Address of New Registered Agent Name <u>Jesus Sosa</u> Street Address (P.O. Box Number is Not Acceptable) <u>10001 NW 133 Street</u> City <u>Hialeah Garden</u> FL <u>33018</u> | |
| 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 <u>Jesus Sosa</u> <u>Director & President 5/17/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOSA, SEGUNDO JR 13351 NW 102 AVENUE HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Delete | 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 13351 NW 102 AVENUE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete | D Sosa Segundo Sr. 19224 Bob Olin Drive MIAMI FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOSA, JESUS 13351 NW 102 AVENUE HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete | D P Sosa Jesus 10001 NW 133 ST Hialeah Garden FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | VP, ST Iliana Sosa 10001 NW 133 ST Hialeah Garden FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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: <u>Jesus Sosa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>5-17-05</u> Daytime Phone # <u>305/826-2524</u> | |