## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000077634

**Entity Name: THE FITON CORPORATION** 

FILED Jan 10, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

223 SOUTH FEDERAL HWY 5337 SW 45TH STREET FORT LAUDERDALE, FL 333011938 US DAVIE, FL 333143815 US

**Current Mailing Address: New Mailing Address:** 

223 SOUTH FEDERAL HWY 5337 SW 45TH STREET FORT LAUDERDALE, FL 333011938 US DAVIE, FL 333143815 US

FEI Number: 65-0838787 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBLES, RODOLFO ROBLES, RODOLFO 223 SOUTH FEDERAL HWY 5337 SW 45TH STREET FORT LAUDERDALE, FL 333011938 US DAVIE, FL 333143815 US

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.

SIGNATURE: 01/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

() Delete Title: (X) Change ( ) Addition

Title: ROBLES, LESBOR ANTONIO ROBLES, L. ANTONIO Name: Name: 223 SOUTH FEDERAL HWY 5337 SW 45TH STREET Address: Address: DAVIE, FL 333143815 City-St-Zip: FORT LAUDERDALE, FL 333011938 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: ROBLES, RODOLFO E Name: ROBLES, RODOLFO E 223 SOUTH FEDERAL HWY 5337 SW 45TH STREET Address: Address: FORT LAUDERDALE, FL 333011938 DAVIE, FL 333143815 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. ANTONIO ROBLES D 01/10/2005