

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90049 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # P98000006781  
 1. Corporation Name  
 Margarita Podreghki P.A.

Principal Place of Business 525 W 37th St M.O. FL 33140	Mailing Address 525 W 37th St M.O. FL 33140
---------------------------------------------------------------	---------------------------------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 1-22-98

2. Principal Place of Business  
 21 525 W 37th St  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 525 W 37th St  
 Suite, Apt. #, etc.

4. FEI Number  
 65-0811348

Applied For  
 Not Applicable

22 City & State  
 M.O. FL

27 City & State  
 M.O. FL

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

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

24 Zip 33140 25 Country USA

29 Zip 33140 30 Country USA

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Podreghki Margarita  
 525 W 37th St  
 M.O. FL 33140

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *M. Podreghki*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Podreghki Margarita President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Podreghki Margarita	1.2 NAME	
STREET ADDRESS	525 W 37th St	1.3 STREET ADDRESS	
CITY-ST-ZIP	M.O. FL 33140	1.4 CITY-ST-ZIP	
TITLE	Podreghki Margarita Director	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Podreghki Margarita	2.2 NAME	
STREET ADDRESS	525 W 37th St	2.3 STREET ADDRESS	
CITY-ST-ZIP	M.O. FL 33140	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Podreghki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-99

Date

305 538 2038

Daytime Phone #

CR2E034 (1/198)