



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90031 049 ***150.00

DOCUMENT # P98000019841 1. Entity Name MIAMI CARTRIDGE 2000, INC.					
Principal Place of Business 100 SW 129TH AVE MIAMI, FL 33184				Mailing Address 100 SW 129TH AVE MIAMI, FL 33184	
2. Principal Place of Business 26400 SW 167 AVE		3. Mailing Address 26400 SW 167 AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02202005 Chg-P CR2E034 (10/03)	
City & State Homestead FL		City & State Homestead FL		4. FEI Number 65-0817949	
Zip 33031		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTALVAN, CARLOS 100 SW 129TH AVENUE MIAMI, FL 33176 <i>of Carlos J Montalvan</i>				7. Name and Address of New Registered Agent Name CARLOS MONTALVAN Street Address (P.O. Box Number is Not Acceptable) 26400 S.W. 167 AVE City Homestead FL Zip Code 33031	
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 _____ (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. <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 <input type="checkbox"/> Delete MONTALVAN, CARLOS 100 SW 129TH AVENUE MIAMI, FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTALVAN CARLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26400 SW 167 AVE Homestead FL 33031		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GIL, ALEJANDRO 100 SW 129TH AVENUE MIAMI, FL 33184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MONTALVAN, ALBERTO 100 SW 129TH AVENUE MIAMI, FL 33184	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"/> Delete	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"/> Delete	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"/> Delete	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: CARLOS MONTALVAN <i>of Carlos J Montalvan</i> 02/20/05 305 235 3334					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					