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... PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000059597

OBRETAS, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90168 028 \*\*\*150.00



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Principal Place	e of Business	Mailing Addr	ess				<b>8</b> 1 (18 1818) (811) 88(1( 88)	iti nafit anibi s	1410 13101 31110	
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						07/06/19	orated or Qualifed			
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21	4	26 Suite, Ap	t # oto			<del>-   0 / -</del>	<u> </u>	<u></u>	\$8.75 A	
Suite, Apt.	#, etc.	27	n. #, 616.			5. Certificate of	of Status Desired		Fee Re	
City & State	A *	City & St	ate			6. Election Ca	mpaign Financing		\$5.00	May Be
23	•	28					Contribution		Added to	
Zip	Country	Zip		Country		8. This corpor	ation owes the curr	ent year Inta	ngible	
24	25	29	30	5		Personal P	roperty Tax.		□ Yes	□No
<del>-</del> *1	9. Name and Address of Cu	rrent Registered Age	ent			10. Name and	Address of New F	egistered A	gent	
				81	Name					
	ERBO, LAURA			82	Street Ad	dress (P.O. Box Nu	mber is Not Accepta	ble)	<del></del>	
	N GALLOWAY ROAD				0,,00,,10					
LAK	DLAND FL 33810			83						
				84	City				85 Zip (	Code
	·							<u>FL</u>	1	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, F	Florida Statutes,	the above	e-named co	rporation submits th	is statement for the	purpose of a	changing its tment as red	registered aistered
office or r	to the provisions of Sections 607 egistered agent, or both, in the S im familiar with, and accept the o	state of Florida. Such c bligations of, Section 6	nange was autri 607.0505, Florida	Statutes	tile corpora	aon a board or direc	iora. I nereby accep	, the appoin	anom do .o.	9.0.0.0
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SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable.		gistered Agen		ired when reinstating)		DATÉ		
SIGNATURE	Signature, typed or printed name of registere OFFICER	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Re	gistered Agen		ired when reinstating)	/CHANGES TO OF	DATÉ	D DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registere OFFICER:	ed agent and title if applicable. S AND DIRECTORS		13.		ired when reinstating)		DATÉ		
SIGNATURE	Signature, typed or printed name of registers OFFICER: PSTD SATERBO, LAURA	ad agent and title if applicable. S AND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	it signature requ	ired when reinstating)		DATÉ	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registers OFFICER: PSTD SATERBO, LAURA 3310 N GALLOWAY ROAD	ad agent and title if applicable. S AND DIRECTORS	(NOTE: Re	13.	it signature requ	ired when reinstating)		DATÉ	D DIRECTO	PRS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registere OFFICER: PSTD SATERBO, LAURA 3310 N GALLOWAY ROAD LAKOLAND FL 33810	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET	et signature requ	ired when reinstating)		DATÉ	D DIRECTO ☐ Change	PRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICER: PSTD SATERBO, LAURA 3310 N GALLOWAY ROAD LAKOLAND FL 33810 VD	ed agent and title if applicable. S AND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	et signature requ	ired when reinstating)		DATÉ	D DIRECTO	PRS IN 12
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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 chapted, so of an attachment with an address, with all other like empowered.

SIGNATURE: