## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000062311  1. Entity Name EPSILON, CORP.					05 MAY -2 PN 3:07	
Principal Place of Business 8879 S.W. 131 COURT UNIT 210 MIAMI, FL 33186		Mailing Address 8879 S.W. 131 COURT UNIT 210 MIAMI, FL 33186				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252005 Chg-P CR2E034 (10/03) D5	
City & State		City & State			4. FEI Number Applied For NOT APPLICABLE Not Applicable	
Zip	Country	Zip C		у	5. Certificate of Status Desired See Required Fee Required	
	8. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
	GUEL, JORGE ALBERTO TH STREET	New nodosa		Street Addre	ss (P.O. Box Number is Not Acceptable)	
STE "N" AI MIAMI, FL		(hem voga	7	901-1	OISHTUUU	
		·		City MI	MMI FL Zin Code 86	
	named entity submits this statement for ions of regis ered agent.	r the purpose of changing its	registered	d office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature report or printed name of regustered agent and tate 4 applicable. (NOTE: Registered Agent agnature required when renstating)  DATE						
	FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND		11.	191	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD DAVILA MIGUEL, JORGE ALBEI	- C Λ Λ Λ Λ Λ Λ Ι	TITLE NAME	Ďι	Avila miquel Touge Alberton	
STREET ADDRESS CITY-ST-ZIP	7351 NW7TH STREET, STE "N" MIAMI, FL 33126	ONL'S	STREE CITY-		879 SW 131 ST. COUNTY UMI 210 NIVAM PC 33186	
TITLE NAME		☐ Delete	TITLE		900054685269 Addition	
STREET ADDRESS CITY-SI-ZIP			STREE	T ADORESS ST-ZIP	05/17/0501062019 **150.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADORESS			namé Stree	T ADORESS		
CITY-ST-ZIP		Пом	CITY-	ST-ZIP	☐ Change ☐ Addition	
NAME		☐ Delete	NAME		Change C Accului	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	1	☐ Change ☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET	T ADDRESS ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME Stree	T ADDRESS		
CITY-SI-ZIP	portification in the internal	this filing does not asset for		ST-ZIP	o Seption 110 07/29/\ Elevida Statutes   further a stiff that the statutes	
12. I hereby certify that the information supplied with this filling 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.						
SIGNAT	URE: SOPRITIES AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR .	04/ 26   05 Date Dayurre Phone #	
L	Surveyone AND TIPED ON	THE PERSON DATES OF THE PERSON	on pasel II		Date Daysme Phone #	