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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS **Secretary of State** 06-03-2000 90002 019 \*\*\*150.00

**FILED** Jun 03, 2000 8:00 am

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SM PASTOR CORPORATION

Principal Place of Business

Mailing Address

732411

| 639 | Mich: | igar | ı B | lvd |
|-----|-------|------|-----|-----|
|     | edin, |      |     |     |

DO NOT WRITE IN THIS SPACE T 3. Date Incorporated or Qualifed 09-10-98 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 639 Michigan Blvd 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Dunedin, FL 34698 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes the current year Intangible □No 25 Personal Property Tax. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Marilyn I. Pastor 83 7250 118th Terrace N Largo, FL 33773 Zip Code

ii. 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 Flonda. 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.

| values 1     | Marilyn I. Pastor Marily  | I Party   | 4-14-                                       | 99                          |  |
|--------------|---|---|---|-----------------------------|--|
|              | griature, typed or printed name of registered agent and title if applicable. (NC) E: Re | gistered Agent agnature required w                    |   |                             |  |
|              | OFFICERS AND DIRECTORS  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |                             |  |
|              | Delete Delete   | 1.1 TITLE   | 1   | Chunge Addition             |  |
|              | President   | 1.2 NAMË  | i e   |                             |  |
| ! ADDRESS    | Marilyn I. Pastor   | 1.3 STREET ADORESS                                    | 1   |                             |  |
| iT-ZiP       | 7250 118th Terrace N  | 1.4 CITY-ST-ZIP                                       |   |                             |  |
|              | Largo, FL 33773 DELETE  | 2.1 TITLE   |   | Change Addition             |  |
|              | • }   | 2.2 NAME  |   |                             |  |
| I ALKINI 123 | Vice- President   | 2.3 STREET ADORESS                                    |   |                             |  |
| T-ZIP        | Silverio Pastor   | 2. 4 CITY-ST-ZIP                                      | •   |                             |  |
|              | 7250 118th Terrace N DELETE   | 3.1 MLE   | ٧.  | Change Addition             |  |
|              | Largo, FL 33773   | 3.2 NAME  | •   |                             |  |
| I ADDRESS    |   | 3.3 STREET ADDRESS                                    | •   |                             |  |
| 7 210        |   | 3.4. CITY+ 9T+ ZIP                                    |   |                             |  |
|              | DELETE.   | 4.1,TITLE   | - ۲۰۰۰ المستقد الم                          | ☐ Change ☐ Aduition         |  |
|              | ***   | 4. 2 NAME   |   |                             |  |
| ANDRESS      |   | 4.3 STREET ADDRESS                                    | ı   |                             |  |
| T-ZIP        |   | 4.4 CiTY-ST-ZiP                                       | <u> </u>                                    |                             |  |
| 1            | ☐ DELETE  | 5.1 TITLE   | n -   | Change Addition             |  |
|              |   | 52 NAME   | -   |                             |  |
| 1 AD[W[39    |   | 5.3 STREET ADDRESS                                    | Ч   |                             |  |
| T-ZIP        |   | 5.4 CITY-ST-ZIP                                       |   |                             |  |
|              | · DELETE  | 6.1 TITLE   |   | ☐ Change ☐ Addition         |  |
|              | •   | 6.2 NAME  | ·   |                             |  |
| : ADDRESS    |   | 6.3 STREET ADDRESS                                    |   |                             |  |
| T-ZIP        |   | 6.4 CITY-ST-ZIP                                       |   |                             |  |
| , -: L       |   |   | Mary 440 07/05/05 Classide Dans dee 1 forms | alfordment and ledgemention |  |

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 informational institution on this annual report or supplied entire and another 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.