


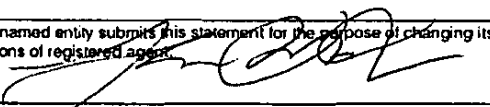

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90027 023 \*\*\*150.00  
08-19-2005 90007 040 \*\*\*408.75

00062388

1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P99000013276</b>					
1. Entity Name <b>OLD SAN JUAN CORPORATION</b>					
Principal Place of Business <b>1200 SW 57TH AVE GROUND FLOOR MIAMI FL 33144</b>			Mailing Address <b>1200 SW 57TH AVE GROUND FLOOR MIAMI FL 33144</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0913154</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent <b>MACMANUS, THOMAS A 85 SOUTH DR. MIAMI SPRINGS FL 33166</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 				DATE <b>8/15/2005</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	P	MACMAUUS, THOMAS A		TITLE	
NAME		85 SOUTH DRIVE		NAME	
STREET ADDRESS		MIAMI SPRINGS FL 33166		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 powers.					
SIGNATURE: 				Date <b>8/15/2005</b> Daytime Phone <b>305-887-3843</b>	

BALANCE DUE 400.00

8.75

PROOF CERTIFICATE



ATTACHMENT  
ATTACHMENT  
50062388

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 25, 2005

OLD SAN JUAN CORPORATION  
1200 SW 57TH AVE  
GROUND FLOOR  
MIAMI, FL 33144

Subject: **OLD SAN JUAN CORPORATION**

Reference Number: **P99000013276**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314