2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # P99000102137** 04-20-2005 90306 036 ***150.00 MARÓUN AKIKI, P.A. Principal Place of Business Mailing Address 4923 ALAVISTA DRIVE 717 E OAK ST ORLANDO, FL 32837 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3610917 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u> Maroun-Akiki</u> SWART-HARRY-J'CPA-Street Address (P.O. Box Number is Not Acceptable) 4923 Alavista Drive 717 E. OAK ST. KISSIMMEE, FL 34744 Zip Code 32837 City Orlando 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 regis 4-15-05 SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Delete TITLE AKIKI, MAROUN NAME STREET ADDRESS 4923 ALAVISTA DRIVE STREET ADDRESS ORLANDO, FL. 32837 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITE F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP_ ☐ Detete TITLE DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TILE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered. 4-15-05 SIGNATURE:

FILED