

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103570

Entity Name: CUELLAR & SACHSE INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

6507 DOUBLETRACE LANE
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7512 DR. PHILLIPS BLVD.
SUITE 50 PMB 316
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3611244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUELLAR, CHERYL W
149 SHADOW TRAIL
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SACHSE, KIM
Address: 6507 DOUBLETRACE LANE
City-St-Zip: ORLANDO, FL 32819

Title: P () Delete
Name: CUELLAR, CHERYL
Address: 149 SHADOW TRAIL
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL W. CUELLAR

P

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date