## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000106865

Entity Name: AGENCIA 12 Y 23, INC.

FILED Sep 07, 2005 Secretary of State

| That y rame / No Live / 12 1 20, into  |  |  |             |   |                |   |  |
|--|--|--|-------------|---|----------------|---|--|
| Current Principal Place of Business:   |  |  |             | New Principal Place of Business:  |                |   |  |
| 4625 N. LO<br>TAMPA, FL  | IS AVENUE<br>. 33614                                     |  |             |   |                |   |  |
| Current Mailing Address:   |  |  |             | New Mailing Address:  |                |   |  |
| 4625 N. LOIS AVENUE<br>TAMPA, FL 33614   |  |  |             |   |                |   |  |
| FEI Number:  | 59-3613145   | FEI Number Applied For ( )   | FEI Numbe   | er Not Appli  | cable ( )      | Certificate of Status Desired ( )                                 |  |
| Name and Address of Current Registered Agent:  |  |  |             | Name and Address of New Registered Agent:                               |                |   |  |
| MENDOZA, JOSE E<br>4513 W. JEAN ST<br>TAMPA, FL 33614 US   |  |  |             | MENDOZA, JOSE E<br>7883 BRISTOL PARK DRIVE<br>APOLLO BEACH, FL 33572 US |                |   |  |
| 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: JOSE E MENDOZA  |  |  |             | 09/07/2005  |                |   |  |
| Electronic Signature of Registered Agent   |  |  |             | Date  |                |   |  |
|  |  | 3(2)(b), F.S., the corporation did not<br>Trust Fund Contribution ( ). | receive the | prior notice  | <del>)</del> . |   |  |
| OFFICERS AND DIRECTORS:  |  |  |             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                            |                |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | PM ()<br>MENDOZA, JOS<br>4513 W. JEAN S<br>TAMPA, FL 336 | ST   | Na<br>Ad    | tle:<br>ame:<br>ddress:<br>ity-St-Zip:                                  |                | (X) Change ()Addition<br>JOSE E<br>OL PARK DRIVE<br>ACH, FL 33572 |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | VP ()<br>LOPEZ, ROBER<br>4513 W. JEAN S<br>TAMPA, FL 336 | ST   | Na<br>Ad    | tle:<br>ame:<br>ddress:<br>ity-St-Zip:                                  |                | ( ) Change ( ) Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | T ()<br>LOPEZ, OLGA (<br>4513 W. JEAN (<br>TAMPA, FL 336 | ST   | Na<br>Ad    | tle:<br>ame:<br>ddress:<br>ity-St-Zip:                                  |                | ( ) Change ( ) Addition   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | S ()<br>MENDOZA, JAD<br>4513 WEST JEA<br>TAMPA, FL 336   | AN ST  | Na<br>Ad    | tle:<br>ame:<br>ddress:<br>ity-St-Zip:                                  |                | ( ) Change ( ) Addition   |  |
| Title:   | ()   |  | Tit         |   | S              |   |  |

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: JOSE E MENDOZA PM 09/07/2005