2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2005 08:00 AM Secretary of State  Apr 22, 2005 08:00 AM Secretar		Α	AUNN	L REPO	ORT (AF	3}			FILED				
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AUGHAN, JEFF 361 S CENTRAL AVE OVIEDO FL 32765  B. The above named entity submits this statement for the purpose of changing its registered agent, or body, in the State of Florida. I am familiar with, and accept the obligations of registered agent, whose a onest remot depote as agent and lock services.  FILE NOW!!! FEE IS \$150,00 Make Check Parable for Girolda Department of State  10. OFFICERS AND DIRECTORS.  11. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  12. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  14. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  16. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS.  16. ADDITIONS/OHANGES TO OFFICERS	ZIP	}	Country	ZIP		Coun	itry		5. Certificate	e of Status Desired			
ALIGHAN, JEFF 361 S.CENTRAL AVE OVIEDO FL 32765  City  FL Zip Code  8. The above named entity submits this calement for the purpose of changing its registered agent, or both, in the Status of Florida. I am familiar with, and accept the chiligations of registered agent, and the function of the purpose of changing its registered agent, or both, in the Status of Florida. I am familiar with, and accept the chiligations of registered agent.  SIGNATURE:  Stront Robov named entity submits this calement for the purpose of changing its registered office or registered agent, or both, in the Status of Florida. I am familiar with, and accept the children of		6. Name	and Address of	Current Register	ed Agent	<u> </u>			7. Name and	d Address of New F	Registered A	<u> </u>	<u></u>
STORMATURE:  Strong FL Activity (City)  FL Zip Code  6. 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  FILE NOW!! FEE IS 150.00  After May 1, 2005 Fee Will Be SSSO.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS.   11. ADDITIONS/CHANGES TO DIFFICERS AND DIRECTORS IN 11  INTE.  PS  ENEMICHUKWU, OBI E  STRETA MORES  ENEMICHUKWU, OBI							Name						- <del></del>
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Earlier with, and accept the obligations of registered agent.    Signature   Signatu	361	S CENTR				Street Addi	iress (P.	O. Box Numb	er is Not Acceptable	e)		حمدي	
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