


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 105  
Feb 04, 2005 08:00 AM  
Secretary of State  
#6124

DOCUMENT # S94022 1. Entity Name NORTH YORK FLORIDA, INC.	
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Principal Place of Business % 999 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134	Mailing Address % 999 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134
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01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0296041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RABIN, ROBERT 7700 N.KENDALL DRIVE SUITE 509 MIAMI, FL 33156
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSVP RESTREPO, BEATRIZ 999 PONCE DE LEON BLVD., STE 1100 MIAMI, FL 33134
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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 empowered.

SIGNATURE: Beatriz Restrepo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #