


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # V53407  
 1. Entity Name  
 CHRISTIAN J HELMSTETTER, P A



Principal Place of Business      Mailing Address  
 2110 NE 197 TER                      2110 NE 197TH TERR  
 MIAMI, FL 33179                      MIAMI, FL 33179

**DO NOT WRITE IN THIS SPACE**



01212005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0348874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HELMSTETTER, CHRISTIAN J  
 2110 NE 197 TERRACE  
 MIAMI, FL 33179

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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 \_\_\_\_\_ (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

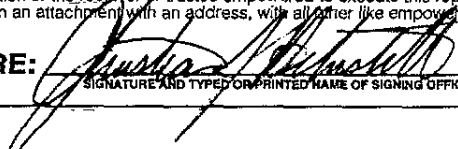
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELMSTETTER, CHRISTIAN J
STREET ADDRESS	2110 NE 197TH TERR
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000224793  
 02/11/05-80013-010 150.00

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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:       2-8-05      305 966 9505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #