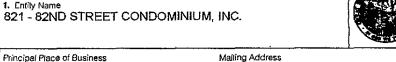
2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #717229

1. Entity Name

825 NW 15TH STREET

HOMESTEAD, FL 33030



825 NW 15TH STREET

HOMESTEAD, FL 33030

FILED Jan 18, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3059865799

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

MIRANDA, OSCAR 825 NW 15TH STREET HOMESTEAD, FL 33030

SIGNATURE:

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, typedic: prinkid name of registered agent and title 3	applicable (NOTE, Registered Agent	signalure	roguired when reinstating)	CATE		
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MIRANDA, OSCAR 825 NW 15TH STREET HOMESTEAD, FL 33030 DV				UUUÜÜÜ0184040 01/20/05-80013-024 61.25		
NAME Street Address City-St-Zip	APONTE, CARLOS 821 82ND STREET NO 3 MIAMI BEACH, FL 33141						
TITLE NAME STREET ADDRESS CITY ST ZIP	STD GERSHMAN, CAROL 3 ISLAND AVE APT 12-L MIAMI BEACH, FL 331395024		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY ST ZIP							
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 617, 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.							

Oscar Hiranda