2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

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City & State Country Country Country S. Countr	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country S.9-2761341 Not Applicable Set 7. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Nam	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312005 Chg-NP CR2E037 (10/03)		
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named antity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
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 familiar with, and accept the obligations of registered agent. Signatrue	GRUENINGER AND PUJOL P A 3191 CORAL WAY STE 1005					ss (P.O. Box Number is Not Acceptable)		
SIGNATURE Signature Signature Signature Signature required agent and site il applicable. NOTE Registered Agent signature required when resoluted to Feel's Addition what resoluted when resoluted to Feel's Addition when resoluted to Feel					City	FL Zip Code	\neg	
Filling Fee is \$81.25 Due by May 1, 2005 Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State	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.							
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State								
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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 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.

SIGNATURE!

_CARMEN ARANA, Pres.

2-1-05

305-567-9122

Daytime Phone