## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 06, 2004 08:00 AM Secretary of State

ANNUAL REPORT				C4			
1. Entity Name	MENT # F17131				S	ecretary of St	
Principal Place 12060 N.W. MEDLEY, FL	SOUTH RIVER DRIVE	Æ		ANDRY K <b>arva</b> i kiro <b>o</b> o ykuu kiroo	BINIT BINIT DIBIT BINIT BINIT BINITAN II TANT		
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				01302004 4. FEI Numbe 59-2052	No Chg-P r 2879	CR2E034 (10/03)  Applied For	
ACOSTA, ALEJANDRO A 12060 N.W. SOUTH RIVER DRIVE MEDLEY, FL 33178				IN T	THIS SP	ACE	
	ions of registered agent.	, , , , , , , , , , , , , , , , , , , ,	Secretary of Sta  Secretary of Sta  O N.W. SOUTH RIVER DRIVE  EY, FL 33178  O1302004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Sy-2052879 Not Applied For Sy-2052879 Statisticale Status Desired Status Desired Statistical Fee Required  DO NOT WRITE IN THIS SPACE  Descriptions of Changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept Route Recuired Apart signature required when remalating)  Descriptions of Changing Financing St.00 May Be Trust Fund Contribution.				
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	DO NOT WRITE IN THIS SPACE  Ibraits 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 d agent.  Instal name of registered agent and tille if applicable.  (NOTE, Registered Agent signature required when reinstating)  DATE  EE IS \$150.00  •• will be \$550.00  OFFICERS AND DIRECTORS  EJANDRO A OUTH DRIVE DR  MARTA RIVER DR					
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD ACOSTA, ALEJANDRO A 12060 NW SOUTH DRIVE DR MEDLEY, FL	CTORS		-	U0000 02/06/04	0038851 -80155-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELORTEGUI, MARTA 12060 NW S RIVER DR MEDLEY, FL 33178						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						in n	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN T	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						·	
12. I hereby of indicated of the corchanged	certify that the information supplied with this on this report or supplemental report is true rporation or the receiver or trustee empower, , or on an attachment with an address, with a	filing does not qualify for the exe and accurate and that my signa ed to execute this report as requi all other like empowered.	mption stated in Se ture shall have the ired by Chapter 60'	ection 119.07(3)( same legal effec 7, Florida Statute	i), Florida Statutes. I it as if made under o is; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11	

paidul

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_