2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L08172			02-12-2004 90011 047 ***150.00
Principal Place of Business Mailing Address			T	
6350 SUNSET DR 6350 SUNSET DR				
3RD FLOOR Miami Fi 3:	3143-836 US	3RD FLOOR Miami, FL 33143-836 US		
mann, 12 33 13 333 33			<u>) (1867-11 31) 3867 1738 1739 </u>	
Principal Place of Business Address Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01272004 Chg-P CR2E034 (10/03)
City & State	9	City & State		4. FEI Number Applied For 65-0177466 Not Applicable
Zip	Country	ZipCo	ountry	5. Certificate of Status Desired \$8.75 Additional Fee Regulred
				7. Name and Address of New Registered Agent
CANALI BALIL I			Name PA	UL J. CANALI
	CANALI, PAUL J. 7020 SW 61ST AVE			s (P.O. Box Number is Not Acceptable)
MIAMI, FL 33143-2450		1374	5 SW 74th Count	
			City M.	- 7in Code
The above named entity submits this statement for the purpose of changing its registered of				
the obligations of registered agent.				
SIGNATURE / Youl (analy				
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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
r.10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
-TITLE NAME	D CANALI, PAUL J		TITLE PA	DI J. CANAL: XChange ☐ Addition
STREET ADDRESS	7020 SW 61ST AVE		STREET ADDRESS 13	745 5w 74mcx
CITY-ST-ZIP	MIAMI, FL 331432450	•		ni Ami, FL 33158
TITLE	VP	Delete	TITLE	Change Addition
NAME	CANALI, CHARLENE		NAME CONFEST APPRICA	
STREET ADDRESS CITY-ST-ZIP	7020 S.W. 61ST AVE. MIAMI., FL 331432450		STREET ADDRESS City-St-Zip	
TITLE	WIFE 351752730		TITLE	☐ Change ☐ Addition
NAME			NAME	C Orange C Practicular
STREET ADDRESS			STREET ADDRESS	ngan Pangangan nganggan ngang Nganggan
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE			TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	•
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	•		NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	, Da
NAME			TMLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		· PT	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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				