2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 08:00 AM Secretary of State

DOCUI 1. Entity Nam ADY COF		ALF ON I		****	Secretary of State
Principal Place 5008 SW 15/ MIAMI, FL 33	4 PLACE	Mailing Address 5008 SW 154 PL MIAMI, FL 33185 US			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				* (49)(4)(4)4 (4))	No Chg-P CR2E034 (10/03) Applied For Not Applicable
STEGLICH, VERONICA 5008 SW 154 PLACE MIAMI, FL 33185			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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature. Nipsed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF PST STEGLICH, VERONICA 5008 SW 154 PLACE	ECTORS			<u>.</u> . : **
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL D STEGLICH, VERONICA 5008 SW 154 PLACE MIAMI, FL				U00000078239 03/08/04-80019-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					IOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		Said "		IN II	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					***************************************
NAME STREET ADDRESS CITY-ST-ZIP				· <u>, , , , , , , , , , , , , , , , , , ,</u>	***************************************
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental leport is tru poration or the receiver or trustee empower or trustee.	ifiling does not qualify for the exe e and accurate and that my signa red to execute this report as requi	mption stated in Se ture shall have the red by Chapter 601	iction 119.07(3)(i), F same legal effect as 7, Florida Statutes; a	norida Statutes. I further certify that the information is if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if

BLOW VERONICA STEGLICH
PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: