2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P000001084 s Limited, INC.	14			Secretary of State
Principal Place 2588 S.W. 2 MIAMI, FL 3		Mailing Address 2588 S.W. 27TH AENUE MIAMI, FL 33133			
Γ	OO NOT WRITE		CE	02102005 No Chg-P CR2E034 (10/03) 4. FEI Number	
MIAMI, FL	RCIA, P.A. . 27TH AVENUE . 33133			IN '	NOT WRITE THIS SPACE
5. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstalling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be ded to Fees	
10.	OFFICERS AND DIF	RECTORS	4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERNANDEZ-ROBINSON, AUGUS 430 GRAND BAY DR UNIT 606 KEY BISCAYNE, FL 33149	TIN			Lest
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/21/US-80059-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. * 22.00		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-51-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 607, 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.					