


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 24 AM 11:28

DOCUMENT # P01000016195 1. Entity Name SHEFFIELD COMMERCIAL, INC.	
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Principal Place of Business 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131	Mailing Address C/O JORGE GALVEZ PRIEGO, P.A. 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131
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2. Principal Place of Business 200 S. Biscayne Blvd.	3. Mailing Address c/o Juan Serralles, P.A.
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Suite, Apt. #, etc. 200 S. Biscayne Blvd. #4100	Suite, Apt. #, etc. 200 S. Biscayne Blvd. #4100
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03032005	Chg-P	CR2E034 (10/03)
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City & State Miami, FL	City & State Miami, FL
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4. FEI Number 65-1077237	Applied For <input type="checkbox"/> Not Applicable
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Zip 33131	Country US	Zip 33131	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GALVEZ-PRIEGO, JORGE EGO. 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131

7. Name and Address of New Registered Agent Name Corporate International Registered Agents Inc. Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd., Suite 4100 City Miami FL Zip Code 33131
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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.

SIGNATURE: *[Signature]* 3/23/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DPST POCATERRA DE SMITH, MARINA 888 BRICKELL AVENUE, 5TH FLOOR MIAMI, FL 33131
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200049345742
03/29/05--01025--017 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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.

SIGNATURE: *Marina Pocatererra de Smith* 3/23/05 305 577 477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #