2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2005 8:00 am Secretary of State

DOCUI 1. Enlity Nam P.I.J. COI		1419			03-23-2005 9	0056 011 ***15	0.00		
Principal Place	e of Business	Mailing Address	<u> </u>			. 5000	0000		
4601 SW 154 CT		4601 SW 154 CT		ŀ		5003	U290		
MIAMI, FL 33		MIAMI, FL 33185 US		:					
			•	\$ 188011884 IV	I MUSIN EFNIK MUISE MUITE MUELI				
2. Principal P	lace of Business	3. Mailing Address							
		J. Manning , tool too		1 1 1 1 1 1 1 1 1 1	841 8 146 861 881 881		HIII WA 11 KKWA		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	03162005	Chg-P	CR2E034 (10/03)			
		Ott. 2 Ct.	 			· · · · · · · · · · · · · · · · · · ·			
City & State		City & State		4. FEI Numb 75-299		 	pplied For of Applicable		
Zip	Country	Zip	Country			_ \$8.75 Ad			
				5. Certificate	of Status Desired	Fee Require			
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	egistered Agent			
00N7N 57 PETER			Name	Name					
GONZALEZ, PETER 4601 SW 154 CT			Street A	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33185									
		•	City			FL Zip Coo	le		
8. The above	narged entity submits this statement for	or the purpose of changing its re	enistered affice ar	registered agent, or bo	th in the State of Flor		and accept		
the obligati	ions o registered affect.	or the purpose or origing have	sgistored office of	registered agont, or bo	in, in the state of the	TOB. Tallifallinal was	, and accept		
CICNIATURE	XX /					3/16/05			
SIGNATURE	Signative, swed Virginia warne of egistered ageni	and title if applicable (NOTE:	Registered Agent signati	ire required when reinstating)		DATE			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
FILI After Ma	E NOW!!! FEE 13\\$150.00 By 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11		
TITLE	Р	☐ Delete	TITLE	Pessibent	: 7	🔀 Change	Addition		
NAME CTREET + DODGE OO	GONZALEZ, PETER		NAME	Peter Govizald	ct				
STREET ADDRESS CITY-ST-ZIP	4601 SW 134 CT MIAMI, FL 33185		STREET ADDRESS CITY-ST-ZIP	4601 82 154					
	WIAWI, FE 33163			Miami, FL 331	8)	□ Chann			
TITLE NAME		☐ Delete	THTLE NAME			☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete*	mile-			☐ Change	Addition		
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP	 		STREET ADORESS						
			CITY-ST-ZIP						
TITLE .		☐ Delete	TITLE NAME			☐ Change	Addition		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-SI-ZIP						
TITLE		☐ Delete	TITLE	. =		☐ Change	Addition		
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
MILE		☐ Delete	TITLE			☐ Change	Addition Addition		
NAME STREET ADDRESS	· '		NAME STREET ADDRESS						
CITY-SF-ZIP			CITY-ST-ZIP						
40 (5	certify that the information supplied vit	h this filing days only wallfulant		L	(1) El (1) Or (1)	£ -15	-1		

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 of truitee 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 adocess with all other like empowered.

SIGNATURE: PelerGonzalez	3/16/05	(305)226-7571
SIGNATURE AND TYPED OR PRINT TO NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #