2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 13, 2004 8:00 am Secretary of State

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2. Principal P	tace of Bus	iness .	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			09082004	Chg-P	CR2E034 (10/03)		
City & State	e. [City & State			4. FEI Numbe 30-008		N-	oplied For ot Applicable	
Zip	ji	Country	Zip	Coun	ntry	5. Certificate	of Status Desired	\$8.75 Adi Fee Regula		
	6. Nam	e and Address of Current F	legistered Agent			7. Name and	Address of New R	legistered Agent		
DIO 11 1 0				*	-Name			•••••		
PICALLO, 367 WEST HIALEAH,	29TH S	TREET		Street Address (P			P.O. Box Number is Not Acceptable)			
пілселп,	FL 3301	-					,	-		
	4				City	:		FL Zip God	le	
		ity submits this statement for stered agent.	the purpose of changing its	register	ad office or registe	ered agent, or bo	th, in the State of Flo	orida. I am familiar with	, and accept	
SIGNATURE	•									
SIGNATURE-	Signature, type	ad or printed name of registered agent a	nd the # applicable (NO	E: Redisters	ed Agent signature require	ed when reinstating)		DATE		
	· r	!! FEE IS \$150.00 ptember 8, 2004	9. Election Campa Trust Fund Con	ign Finai	ncing\$5	0.00 May Be ded to Fees	In accordance v corporation did	with s. 607.193(2)(b), not receive the prior	F.S., the notice.	
	· r	!! FEE IS \$150.00	9. Election Campa Trust Fund Con	ign Finai	ncing \$5	5.00 May Be ded to Fees	corporation did	with s. 607.193(2)(b), not receive the prior FICERS AND DIRECTOR	notice.	
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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 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.

TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-04

805) 885-5300 Caytime Phone #