2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081373

Full Names OFAFUDODE HOUDAYO INO

FILED Jan 05, 2005 Secretary of State

Electronic Signature of Registered Age	ent Date
BIGNATURE:	
The above named entity submits this statement for the p n the State of Florida.	purpose of changing its registered office or registered agent, or both,
ZACCHILLI, L. MICHAEL 6255 SHADOW TREE LANE LAKE WORTH, FL 33463 US	
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
FEI Number: 82-0555974 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
AKE WORTH, FL 33467	LAKE WORTH, FL 33467
S801 LAKE WORTH RD	6801 LAKE WORTH RD 107
Current Mailing Address:	New Mailing Address:
AKE WORTH, FL 33467	LAKE WORTH, FL 33467
8801 LAKE WORTH RD .03	6801 LAKE WORTH RD 107

City-St-Zip:

Title: () Delete Title: (X) Change () Addition ZACCHILLI, L. MICHAEL ZACCHILLI, L. MICHAEL Name: Name: 6801 LAKE WORTH RD. #103 Address: 6801 LAKE WORTH RD. #107 Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: (X) Change () Addition JULIAN, JOSEPHINE JULIAN, JOSEPHINE Name: Name: Address: 6801 LAKE WORTH RD. #103 Address: 6801 LAKE WORTH RD. #107

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE JULIAN D 01/05/2005