2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 06, 2005 8:00 am Secretary of State 06-06-2005 90006 006 ***150.00

Specific Country Zip Country S. Certificate of Status Desired \$8.75 Addition Fee Required See Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address of New Registered Agent Street Address	1. Entity Nam	ie	# P0300009 STER GROUP, IN		5			06-06-2005	5 90006 006 *:	**15	0.00		
Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. City & State City & State City & State City & State County A FEI Number 35-2214990 S. Certificate of Status Desired S. S. 75 Addition. Fige Faculties Fige Faculties SPIEGEL & UTRERA, P.A. 1840 SW2 2ND ST. 4TH FLOOR MIAMI, FL 33145 City FL Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. SIGNATURE Signature, type of breat name of imprimed agent and title 4 approaches. Signature, type of breat name of imprimed agent and title 4 approaches. Signature, type of breat name of imprimed agent and title 4 approaches. Signature, type of breat name of imprimed agent and title 4 approaches. Signature, type of breat name of imprimed agent and title 4 approaches. Signature, type of type of breat name of imprimed agent and title 4 approaches. Signature, type of	PO BOX 940 ATTN: RAQUE	344 El <mark>Castell</mark>		P A	O BOX 940344 ITTN: RAQUEL CASTEL	LANOS			88188 88111 88111 88111 8	 			
City & State			ness										
Zip Country Zip Country Zip Country 5. Centricate of Status Desired S8.75 Advanced Agent Status Desired S1. San Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 1840 SW 2VND ST. 4TH FLOOR MIAMM, FL 33145 City FL Zip Code 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 the colligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Compalign Financing S5.00 May Be Added to Fees Corporation did not receive the prior notice of Florida State					City & State				·	CH2E034 (10/	<u>.</u>	olied For	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 the colligations of registered agent. 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 the colligations of registered agent. 8. SIGNATURE 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 the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent and the familiar with, and the colligations of registered agent and the familiar with, and the colligations of registered agent and the familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent agent and the familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent, or both, in the State of Florida. I am familiar with, and the colligations of registered agent agen	City & State				,			1			No	Applicable	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and the obligations of registered agent. SIGNATURE SIGNATURE September 7, 2005 September 8, 310, 320, 320, 320, 320, 320, 320, 320, 32	Zip	Country			Zip	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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 the obligations of registered agent. SIGNATURE Spritture, typic of bringe have or registered agent and title if applicable. (801E, Registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Spritture, typic of bringe have or registered agent and title if applicable. (801E, Registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. (801E, Registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. (801E, Registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. (801E, Registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in		6. Name and Address of Current Registered Agent											
ATH FLOOR MIAMI, FL 33145 City FL Zip Code 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 the obligations of registered agent and the submission. (NOTE Registered Agent spraker required even remaking) FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 PSD ORIGINATURE PSD ORIGINATIONS OFFICERS AND DIRECTORS ITTLE PSD ORIGINATIONS OFFICERS AND DIRECTORS ITTLE PSD ORIGINATIONS ORIGINATIONS													
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 the obligations of registered agent. SIGNATURE Signature, typed 2 breater agent and rate of inspettent agent and rate of abolicable. (ROTE Registered Agent squarture required event remailing) FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRET ADDRESS 10th-51-2P INILE MAME SIRET ADDRESS CITY-51-2P	4TH FLOOR							•					
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed of brieds name of registered agent and table 4 acolesable. (NOTE Registered Agent segnature required when remarkating) DATE	MIAMI, FL 33145						City	* 1 02 × 11 0	=	FI Zip	Code	,	
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITILE PSD Delete TILE NAME STREET ADDRESS 454* NW 22* AVE STE 207 CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP TILE Delete TILE NAME STREET ADDRESS CITY-ST-2IP TILE Delete TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2IP ITILE Delete TILE NAME STREET ADDRESS CITY-ST-2IP ITILE Delete TILE NAME STREET ADDRESS CITY-ST-2IP ITILE Delete NAME STREET ADDRESS CITY-ST-2IP ITILE Delete TILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP ITILE NAME STREET ADDRESS CITY-ST-2IP CONTACT	the obligat	tions of regis	tered agent.						h, in the State of Flo		with,	and accept	
TITLE PSD Delete TITLE NAME CASTELLANOS, RAQUEL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME CRANGE CR	To be Front Combination								In accordance of corporation did	with s. 607.193(2 not receive the p)(b), rior r	F.S., the otice.	
NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS	10.	·····	OFFICERS ANI	DIRE	CTORS	11.		ADDITIONS,	CHANGES TO OFF				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	NAME	CASTEL		_	□ Delete	NAM	NE .			Ch:	ange	Addition	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	-CITY-ST-ZIP	MIAMI, F	L 33125										
NAME SIREEI ADDRESS CITY- S1- ZIP ITILE NAME STREET ADDRESS CITY- S1- ZIP STREET ADDRESS	NAME STREET ADDRESS				□ Delete	NAM STR	ME EET ADDRESS			<u> </u>	ange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				☐ Delete	NAM STR	KE EET ADDRESS			□ Cn	ange	Addition	
NAME SIREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				☐ Delete	NAA STR	ME EET ADDRESS			☐ Ch	ange	☐ Addition	
CITY-S1-ZIP CITY-S1-ZIP	NAME				☐ Delete	NAA STR	ae Eet address			☐ Ch	ange	Addition	
TITLE Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAM SIR	AE EET ADDRESS			□ Ch	ange	Addition	