## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 25, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0300012273	33		Secretary or state
Principal Plac 12925 SW 1 MIAMI, FL 3	16 ST	Mailing Address 12925 SW 116 ST MIAMI, FL 33186		
		and the same of the	ing it is a religion.	
DO NOT WRITE IN THIS SPACE				03092005 No Chg-P CR2E034 (10/03)
DO HOT WHILE HE THIS STACE			<b>/ L.</b>	4. FEI Number   Applied For 20-0368279   Not Applicable   \$8.75 Additional
	6. Name and Address of Current Reg	stered Agent		5. Certificate of Status Desired Fee Required
SOLOMON, MAYRA 12925 SW 116 ST MIAMI, FL 33186			 	DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinateling)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.1  Trust Fund Contribution.  Adde				5.00 May Be ded to Fees
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SOLOMON, MAYRA 12925 SW 116 ST MIAMI, FL 33186			U00000327824 04/25/05-80054-001 150.00
TITLE NAME S <i>TREET ADDRESS</i> CITY-ST-ZIP		<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	_	
TITLE NAME				e de la companya del companya de la companya del companya de la co
STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CUTY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		-
12. I hereby certify that the information supplied with this filling 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 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 TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Description Prome #				