FILED May 27, 2005 8:00 am Secretary of State 04-13-2005 90035 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1935 SW 83 COURT MANN, FL 33155 Suite, Apt. #, etc. Suite, Apt. #, etc	1. Entity Nam	MENT # P0400008			
Suite. Apt. #. etc. Suite. Apt. #. etc. Suite. Apt. #. etc. CPV & Suite.	Principal Place of Business 1935 SW 83 COURT MIAMI, FL 33155		1935 SW 83 COURT		66019784
City & State Ci	2. Principal Pl	lace of Business	3. Mailing Address		
Zip Country Zip Country S. Certificate of Status Desired S. 5. Certificate of Status Desired Status	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062005 Chg-P CR2E034 (10/03)
### Address (P.O. Dos Number is Not Acceptable) ### To be above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am Ismillar with a registered agent, and accept the registered agent, and accept	City & State		City & State		4. FEI Number Applied Fox Not Applied Fox
Name	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code I. The above remed entity submits this statement for the purpose of changing its registered eities or registered agent, or both, in the State of Portide. I am familiar with, and accept the obligations of registered agent. IGNATURE: Signarum, special previous agent with a statement. IGNATURE: Signarum, special agent with a statement. IGNATURE: Signarum, special agent with a statement agent with a statement. IGNATURE: Signarum, special agent with a statement. IGNATURE: Signarum, special agent with a statement. IGNATURE: Signarum, special agent with a statement. IMAMI: III.		6. Name and Address of Curre	ni Rugistered Agent -	Name	7. Name and Address of New Registered Agent
City FL Zop Code 1. The above named entity submits this satement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I am lightliar with, and accept the obligations of registered agent. Code	1935 SW 8	33 COURT			s (P.O. Box Number is Not Acceptable)
6. 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. Change Addition	MIAMI, FL	33155			
B. The above named entity submits, this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portide. I am familiar with, and accept the obligations of registered agent. Part				City	□ Zip Code
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STREET ADDRESS CITY-ST-ZIP 12. I hereby cartify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). Floride 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 preference compowered to execute this report as required by Chapter GO7. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach if this with an address, while the rike empowered.	naave Street address		Deleta .	MAME STREET ADDRESS	☐ Change ☐ Addition
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 relevier 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 attach it in with an address. The effect of the empowered to change or or on an attach it in with an address. The empowered the empowered to change or or on an attach it in the empower of the empower o	JAME Street address		☐ Delate	HAME Street adoress	☐ Creage ☐ Addition
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