2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # S35772

CURTIS CARLSON & ASSOCIATES, P.A.



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

ONE SE THIRD AVENUE

SUITE 1200

MIAMI, FL 33131

Mailing Address

ONE SE THIRD AVENUE

SUITE 1200 MIAMI, FL 33131



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04302004	No Chg-P	CR2E034 (10	CR2E034 (10/03)		
4. FEI Number			Applied For		
65-0246750		Ī	Not Applicable		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, CURTIS ONE SE THIRD AVENUE SUITE 1200 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	00.01					
	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it	applicable (NOTE Registered	Agent signature	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.		\$5.00 May Be Added to Fees	U000004 Enorgo	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT PTD CARLSON, CURTIS ONE SE THIRD AVENUE	TORS		U00000153079 05/04/04-80113-010 450.00		
CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CETY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST-ZIP						
12. Lhereby	certify that the information supplied with this fi	iling does not qualify for the exer	notion state	ed in Section 119.07(3	(in) Florida Statutes, I further certify that the information	

Thereby certify that the information supplied with this little and accurate and that my signature shall have the same legal effect as it 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:

PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04