2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2004 8:00 am Secretary of State

	ANNUAL	KEPUKI		Seci	ciary or s	raic
1. Entity Nam	MENT # P95000042 TE CORP.	166			2004 90010 049 ***	150.00
Principal Plac	e of Business	Mailing Address		*****	1196	
36 NE 1ST ST		36 NE 1ST ST				
#607		#607				
MIAMI, FL 33132-2408 US		MIAMI, FL 33132-2408 US		TANGKERK NED KANDE BINK KRISK RANK I	Enin anin bidir iteni iinin bidir din	48 1111 88 1
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262004 Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0586845	 	olied For Applicable
Zip	Country	Zip	Country	15: Certificate of Status Desired	- 58.75 Addi Fee Required	tional
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New		
			Name Ku	RT THEIN	·	
THEIN, KURT 109 SARTO AVE.			Street Address	(P.O. Box Number is Not Accepted	7 (6)	
	ABLES, FL 33134		141	CRANUON D	(LVI)	
•				Λ		
			City Con	BISCATNE	FI Zip Code	ILI G
8. The above	named entity submits this statement for	the purpose of changing its rec	gistered office or registe	ered agent, or both, in the State of	Florida. I am familiar with a	and accept
the obligat	ions of registered agent.		•	•		
SIGNATURE.						f
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE .	A1 .
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu	· _ ••	5.00 May Be ded to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS	IN 31
TITLE 🚒	PSTD	☐ Delete	TITLE		Change	Addition
NAME	THEIN, KURT		NAME			
STREET ADDBESS CHTY-ST-ZIE	109 SARTO AVENUE CORAL GABLES, FL. 33134		STREET ADDRESS CITY-ST-ZIP			
DUTE	33.0.12 37.12 23,12 33.13.1	□ Delete	TITLE		Change	☐ Addition
NAME		□ belete	NAME		Greange	☐ Addingit
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	
liitt		Delete	TITLE		☐ Change	Addition
HAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		•	
TITLE		☐ Delete	TITLE		Change	Addition
HAME			NAME			
STREET ADDRESS			' STREET ADDRESS			
CITY-ST-ZIP			CITY-SI-ZIP			
HAME		☐ Delete	TITLE NAME:		. Change	Addition
STREET ADDRESS			STREET ADDRESS	* 1. *		
CITY-ST-ZIP	1. T.		CITY-ST-ZIP	•		
TITLE	w	- Delete	JULE .		Change	Addition
NAME	to the same of the same of the same of	- · · · · · · · · · · · · · · · · · · ·	NAME	. •		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	Oortifu that the information a unalised with	this files does		2	- 14 - 4	· · · · · · · · · · · · · · · · · · ·
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that my	e exemption stated in S signature shall have the	e same legal effect as if made unde	s. Further certify that the in- er oath; that I am an officer (or director

indicated on this report or supplied with this mind does not duality for the exemption stated in Section 1.19.07(3)(f), Prorida Statutes. Inturner 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 flustee emphasized 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!

_ fut / lein

X1-30-04

<u>~3053581080</u>

Date

Daytime Phone #