## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000034633  1. Enitly Name NICOLAS SWERDLOFF, P.A.					Se	cretary o	State
Principal Plac 201 S BISCA SUITE 2500 MIAMI, FL 3		Mailing Address 201 S BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131			i	N (3843 NIN) 8944 8183 NISA	
DO NOT WRITE IN THIS SPACE				04122005 No Chg-P CR2E034 (10/03)  4. FEI Number			
		gistered Agent			NOT W		
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, typod or infried name of registered agent and Gille if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D SWERDLOFF, NICOLAS 201 S BISCAYNE BLVD MIAMI, FL 33131	ECTORS			100050	ácann.	
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TATLE NAME STREET ADDRESS CITY-ST-ZIP					July 12 Mary Labour, Age 224	Company of the	ليتز مد
12. I hereby of indicated of the conchanged.	pertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustes exposes or on an attachment with a raddress, with	s filing does not qualify for the exe e and accurate and that my signal and to execute this report as required all other like empowered.	mption stated in Seture shall have the s red by Chapter 607	ction 119.07(3); same legal effec , Florida Statute	(i), Florida Statutes, I ot as if made under c es; and that my name	further certify that the i ath, that I am an officer appears in Block 10 o	nformation or director r Block 11 if