2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 2005 08:00 AM

ANNOAL REPORT					Secretary of State			
DOCUMENT # 477912 1. Entity Name EDWARD M. GHEZZI,P. A.				Sec	retary	of State		
-	ne of Business DALL DR STE 101 13176	Mailing Address 9595 N KENDALL DR STE 101 MIAMI, FL 33176						
				01262005 Na Chg-P CR2E034 (10/03)				
DO NOT WRITE IN THIS SPACE				4. FEI Number		_	Applied For	
				59-16032 5. Certificate of 5		\$8.7	Not Applicable 75 Additional Required	
	6. Name and Address of Current Re EDWARD M. ENDALL DR STE 101 33176	gistered Agent] (1	IOT WI HIS SPA	RITE		
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00	gle f applicable. (NOTE: Registered	Agent signature required	when rainstains)	n the State of Flori	da. 1 am famili	ar with, and accept	
	ay 1, 2005 Fee will be \$550.00		∐ Adde	d to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII PD GHEZZI, EDWARD M. 7915 S.W. 128TH STREET MIAMI, FL.,	<u>tectors</u>				319434 30100-00	l5 158:7 5	
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TITLE NAME STREET AOORESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP								

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: Edward D. L. SIGNATURE AND TYPED OR PRINTED NAME OF SONING OFFICER OR DIRECTOR

4/18/05 305-596-3800