2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90010 027 ***150 00

1. Entity Nam	MENT # 512468 ales, inc.				01-26-2004	90010 027 ***15	50.00		
Principal Plac	e of Business	Mailing Address		540	MANA A				
13185 N.W. OPA LOCKA,	47TH AVE.	13185 N.W. 47TH AVE. OPA LOCKA, FL 33054		12 (1 4)ů prob nioso o mbi (45))	3001 JI 1901			
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.	01132004	Chg-P	CR2E034 (10/03)				
City & State		City & State	<i>U</i>	4. FEI Numb 59-170		<u> </u>	plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required			
	6. Name and Address of Current Re	egistered Agent		7. Name and	Address of New R	egistered Agent	**************************************		
KDICED N	AOISES		Name						
KRIGER, N 2000 ISLA #2501-250	ND BLVD		Street A	Street Address (P.O. Box Number is Not Acceptable)					
	EACH, FL 33160								
•			City	FL Zip Code					
	named entity submits this statement for t	he purpose of changing its re	egistered office or	registered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept		
the obligat	ions of registered agent.			eg e e e e e e e e e e e e e e e e e e			1. D		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signatu	re required when reinstating)	• ,	DATE			
			187 . 1						
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaig Trust Fund Contrib	in Financing	\$5.00 May Be Added to Fees		A Legging B	[]arm		
10	OFFICERS AND D	IRECTORS	11	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	5 IN 11		
TITLE 😁 🦠	PD	☐ Delete	TITLE			Change	☐ Addition		
NAME CIDECT ADDRESS	KRIGER, MOISES	•	NAME STREET ADDRESS	13185 MW 4	S MW UNG Avenue				
STREET ADDRESS CITY-ST-ZIP	2000 ISLAND BLVD, #2501-2502 N MIAMI BEACH, FL 33160		CITY-ST-ZIP	on bock	pa Locka FL 33usy				
TITLE	V	☐ Delete	TITLE	<u> </u>	<i></i>	Change	Addition		
NAME:	KRIGER, FRANK J		NAME		. Ch. Alman				
STREET ADDRESS	19474 39TH AVE .		STREET ADDRESS	13185 200 4	J = 70000	e.z			
CITY-ST-ZIP	N MIAMI BEACH, FL 33160		CITY-ST-ZIP	spa Locke	, FC 3363				
TITLE	S _KRIGER, LIDIA	☐ Delete	TITLE - NAME	<u></u>		Change	Addition		
STREET ADDRESS	2000 ISLAND BLVD #2501-2502		STREET ADDRESS	(3) 85 mm	in the Aven	n week			
CITY-ST-ZIP	N MIAMI BEACH, FL 33160	·	CITY-ST-ZIP	opa bock	9, FL 33	3054			
TITLE	T	☐ Delete	TITLE	•		☐ Change	☐ Addition		
NAME	KRIGER, NELSON E	o	NAME STREET ADDRESS	سم عوري	4つた イケ	enve			
STREET ADDRESS CITY-ST-ZIP	18151 NE 31ST COURT, APT 190 AVENTURA, FL 33160	О	CITY-ST-ZIP	13185 mi	Ka FC 3	3057			
TITLE		☐ Delete	TITLE	 		☐ Change	Addition		
NAME		23 00.000	NAME				_		
STREET ADDRESS	lander of the second of the se	· .	STREET ADDRESS			ter e navezit de	1,		
I UIT-SI-ZIF		☐ Delete	TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition		
NAME	1. 資格 1. 15 · 16 · 16 · 16 · 16 · 16 · 16 · 16 ·	Describ	NAME .	\$160 T T 60		Change			
STREET ADDRESS	posta etro e in 1999 e e in 1999. L	and the second s	STREET ADDRESS		di Company e e e e e e e e e e e e e e e e e e e	_ 4444 ИА ИДОТ ИСТИТИ			
CITY-ST-ZIP	The resemble of the second sec	***	CITY-ST-ZIP.	The state of the state.		P.A			
13 to harabon	الرحافات ألأتك التنسيب حاشاه مصمما كمارح طار وحمان بالالعماد	bio filian, dana ant avalify for t	the edge of the state	ad in Continu +10 07(0)	(1) Florido Ciatulas 1	1. f. costano a nautificatione star a t-	- formani'		

12." I hereby certify that the information supplied with this filing 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:	Len	7	feei	7 Frank	7	Kriger	1/13/04	(305)688-57	3
	SIGNATURE AND	YFEO	OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #	