2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

1. Entity Nam	# 58049 6)	<u> </u>			Mar 10, 2004 08:00 AM Secretary of State						
Principal Plac	n of Queinan	<u> </u>	1.60%	na Addrone			-					
Principal Place of Business Mailing Address												
4980 PALM AVE HIALEAH FL 33012				4980 PALM AVE HIALEAH FL 33012								
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2. Principal Place of Business 3. Mailing Address							-					
Suite, Apt. #, etc.				Suste, Apt. #, etc.			_	MOORE	CR2E03	4 (11/03	### ###### }	ES 18 ROMES
City & State				City & State			4. F	El Number 59-28708				ied For
Zip Country			- Zip)	stry	5.0	Certificate of Status Desired		\$8.75	Additio	hpplicable onal	
									Fee Req	juired		
	and Address of	of Current Register	Name	7. N	lame and Address of New	Registered	Agent		···			
PENA, JOHN												
16740 NW 81 AVE HIALEAH FL 33016						Street Address (P.O. Box Number is Not Acceptable)						
						City				Zin i	Code	
						<u> </u>	F L					
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.												
uso daligationa di regiaterea agenti.												
SIGNATURE.	Sidnature typed	or orinted name of re-	ristered agent and title if an	- intention (NG)	F Barnstere	ed Adeni sunstine comin	rerf when rev	enstating)	DATE			
Afte	II FEE IS \$1; 04 Fee will be o Florida Depa				9. Election Campaign Trust Fund Contribu	-	□ \$:	5.00 dded to	May Be Fees			
10.		OFFIC	ERS AND DIRECTO	ORS	11.		, ADI	DITIONS/CHANGES TO O	FICERS AN	ID DIRECT	TORS !	N 11
ffre	PD			☐ Defete	गार	£				☐ Chan	nge	Addition
NAME PENA, JOHN					NAM	3MAN						
STREET ADDRESS 16740 NW						STREET ADDRESS						
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indicated	centry that the on this repo	e information su rt or supplemen	ppiled with this filing tal report is true and	g does not qualify for accurate and that	ir the exe my signa	emption stated in S ture shall have the	section 1 e same l	i 19.07(3)(i), Florida Statute legal effect as if made unde	 I further ci ir oath, that 	ertity that t I am an of	me info ficer or	rmation director
or trie cor	Doughou of H	se seceiver or tri	ustee empowered to	o execute this report ther like empowered	t as requ	ired by Chapter 6	07, Floric	da Statutes; and that my na	me appears	; in Block 1	10 or B	lock 11 if
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FILED

305-588-0625