2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

1. Entity Name	MENT # F10212 DRPORATION.	· –		Secreta	ry of State
Principal Plac 985 LUDLAN MIAMI SPG, I		Mailing Address 985 LUDLAM DR MIAMI SPG, FL 33	166 US		
					34 (10/03)
D	O NOT WRI	TE IN THIS	SPACE	4. FEI Number 59-2374927	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional see Required
	6. Name and Address of C	urrent Registered Agent			
HERNAND 985 LUDLA MIAMI, FL				DO NOT WRITE IN THIS SPACE	
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, typed or printed name of register	ed agent and title # applicable.	(NOTE: Rog stered Agent signature required	when reinstaining) DATE	
FIL After Ma	E NOW!!! FEE IS \$150.0 ay 1, 2005 Fee will be \$	uu		.00 May Be ed to Fees	
10.	OFFICER DPTS	S AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HERNANDEZ, PEDRO 985 LUDLAM DR MIAMI, FL 33166				
IITLE NAML STREET ADDRESS CITY-ST-ZIP		/	The state of the s	1100000321024 04/21/05-80061-	013 150,00
TITLE NAME			Section Consequences	and the second second control of the second	*** ****
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	- -
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 300	en (1927 var. 1920) var	and the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby of indicated of the cor changed,	certify that the information suppli on this report or supplemental re poration or the receiver at truste, or on an attachment with an act	led with this filling does not qualife port is true and accurate and it empowered to execute this reduced, with all other like empower the power of	ly for the exemption stated in Se hat my signature shall have the port as required by Chapler 607 ered	ction 119:07(3)(f), Fforida Stafutes 1 further cert same legal effect as if made under oath, that I a , Fforida Statutes, and that my name appears in	ify that the information m an officer or director Block 10 or Block 11 if