2005 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED Jan 07, 2005 08:00 AM **Secretary of State

	AMMOAL	KEPUK I		Secretary of S	tate
1. Entity Name	WENT # F55429 s, incorporated			Secretary of St	·····
Principal Place		Mailing Address			
6590 E. ROGI BOCA RATON		== 6590 E, ROGERS CIRCLE BOCA RATON, FL 33487	US		
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				5 Certificate of Status Desired S8.75 Addition	
	6. Name and Address of Current F	Docistonal Report	+	Fee Required	
	o. Name and Address of Correct F	Tegistered Agent			
	OBERT F GERS CIRCLE TON, FL 33487	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for ons of registered agent.	the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and	accept
alaki aTilar	خياسا المستعدد المستع				
SIGNATURE	Signature, typed or printed name of registered agent ar	nd trie if applicable. (NOTE, Register	red Agent signature required	(when renstating) DATE	
After Ma	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0			.00 May Be ed to Fees	,, <u> </u> .
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STREET ADDRESS CITY-ST-ZIP	6590 E. ROGERS CIRCLE BOCA RATON, FL 33487				.) ;
TITLE	BOOA RATON, FL 33407	<u> </u>		in or or way and the lift of	737 12 12 13 2010 12 2 2 1 1
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CAY-ST-ZIP		<u> </u>			
Indicated of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my sign- wered to execute this report as requ	emption stated in Se ature shall have the s uired by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certify that the inforn same legal effect as if made under oath, that I am an officer or d 7, Florida Statutes; and that my name appears in Block 10 or Blor 10 or Blor	mation director ock 11 if
SIGNATI	(Loloente	^ -	- KENNY	1/4/05 561-994-305	21
~: u = n n T l	HRE'		·	Date Daytime Phone #	