2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # G18433			Secretary of Stat	
Principal Place 2234 WEST WESTON, FL	ON ROAD	Mailing Address 2234 WESTON ROAD WESTON, FL 33326			
	,				
	O NOT WRITE	N THIS SPA	CE	02042005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For	
_	N			59-2242671 Not Applicable	
				5. Certificate of Status Desired	
	6. Name and Address of Current Registered Agent SHWAKE, JOE 234 WESTON ROAD VESTON, FL 33326 IN THIS SPACE 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.				
		.=		DO NOT WRITE	
WESTON, FL 33326				•	
				IN THIS SPACE	
5. The above	named entity submits this statement for the	purpose of changing its register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accep	
ine obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and the	ne if applicable (NOTE Registere	d Agent signature required	red when reinstating) CATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be ided to Fees	
10.	OFFICERS AND DIR	ECTORS			
TITLE NAME	PD SHWAKE, JOE				
STREET ADDRESS CITY-ST-ZIP	2521 MONTEREY COURT WESTON, FL 33327		·	04/14/05-80035-019 150.00	
TITLE		=			
Name Street Address					
CITY-ST-ZIP					
title Name		. , ,			
STREET ADDRESS				DO NOT WRITE	
CITY-ST-ZIP			<u> </u>		
NAME			•	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	_		·		
TITLE		 	-1-445	the same the commentation of the same to t	
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME	, , , , , , , , , , , , , , , , , ,				
STREET ADDRESS			l		
CITY-ST-ZIP	and the state of t	Dr. dr. dr. dr. dr.			
UI II IO COI	pentry that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with a	ed to execute this report as requir	mption stated in Se ture shall have the s red by Chapter 607	section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 if	

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR