2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # G46825 MANAGEMENT CORP.					03-25-200-	4 9001 5 008	8 ***15	0.00
Principal Plac 9150 SW 87 MAIMI, FL 3	TH AVE STE 205	Mailing Address 9150 SW 87TH AVE STE MAIMI, FL 33176	205		(4 - 1 4 () 1 - 1 4 ()	BIBIS BIIBI (BIIB (1981)		0222	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03222004	Chg-P	CR2E034	4 (10/03)	
City & State		City & State	t		4. FEI Numb			1 .	plied For
Miami, Zip	FL 33176 Country	Miami, FL 3:	3176 Country		59-230	1125			t Applicable
2.5	Country	210	Country		5. Certificate	of Status Desired		8.75 Add se Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Ag	ent	
GREENEI	ELD, ALAN ESQ'		Name						
2600 DOU	GLÁS RD		Street Ac	ddress (F	O. Box Numb	er is Not Acceptat	ble)		
SUITE 911	1 ALBLE, FL 33134		13103	LNW.	// AVE.,	Suite 3	U.3		
CORALGA	ALBLE, FL 33134		City					7in Cod	
l			Miami	Lak	06		FL	Zip Cod 330	
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the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing its re				th, in the State of I	Florida. I am fa		
				registere	ed agent, or bo	th, in the State of I	Florida. I am fai		
the obligat	lions of registered agent.	and title if applicable. (NOTE: f	egistered office or Hegistered Agent signatu In Financing	registere	ed agent, or bo	th, in the State of I			
the obligat	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contrib	egistered office or Hegistered Agent signatu In Financing	registere	ed agent, or bo when reinstating) OO May Be ed to Fees	th, in the State of I	ĐATE	miliar with,	and accept
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12. Thereby certify that the information supplied with this filling 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 made dress, with all other like eppowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-595-156