## , 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 山人

FILED Apr 18, 2005 08:00 AM Secretary of State

1. Entity Nam	MEI!T # <b>G</b> 67849 o service, inc.	-		Secretary of State
Principal Place 4551 S.W. 7' MIAMI, FL 33	1 AVENHE	Failing Address 4551 S.W. 71 AVENUE MIAMI, FL 33155		S JURUSUN WEIGH WIND FRANK TRAIK RING WAR WING WING WING WARD WARD WARD OF THE ST
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D	O IOT WRITE I	N THIS SPA	CE	04112005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For
		<b>接</b>	· , 설	59-2358508   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required
6, Name and Address of Current Registered Agent				
	DEZ, DANIEL 71 AMENUE 33155 T.	e Senegalis	100 mm - 110	DO NOT WRITE IN THIS SPACE
8. The above named initive 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 and or prifiled name of registered agent and title II applicable (NOTE Registered Agent signature required when refinatating)  UNDON 31 3434				
FILE NOW!!! FEE IS \$150.00  After May 1, 1905 Fee will be \$550.00  9. Election Campaign Financian Trust Fund Contribution.				04/18/05-80123-018 158.75
10. OFFICERS AND DIRECTORS				
tifle Name Stivett address City-St-Zip	HERMANDEZ, DANIEL 4551 SW 71 AVENUE MIAIM, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				59-2358508
TITLE NAME 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				and the second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP		▼ Triple		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the logarity of 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 of the conformation 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 our altaighment with an address, with all other like empowered.				