2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17. 2005 08:00 AM

Country	1. Entity Name		J72554 N					Secretary of State				
Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. O3182005 Chg-P CA2E034 (10/03)	P.O. BOX 633	33	33	P.O. BOX 6333	P.O. BOX 6333			RANTO RINGE OSIGE OTILI DE	I OTNII KINIF KINIF	Tinis Danis Mins	11	
City & State City & State City & City & State	2. Principal Pl	lace of Busines	8	3. Mailing Address								
Sp. 2821033 Not Applicable	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03152005	Chg-P	CR2E03	4 (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code 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 SIGNATURE SIGNATURE PD Course, lipsed or printed name diregistered agent are list if accitable. NOTE Repatered Agent signan, a resisted when indepting a more interested agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the Addition of Florida in the State of Florida. I am familiar with, and accept the Addition of Florida in the State of Florida. I am familiar with, and accept the Addition of Florida in the State of Florida. I am famil	City & State							59-2821033 Not Applicable				
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R. 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	535 N WAS	SHINGTON				Street Address (P.O. Box Number is Not Acceptable)						
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NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 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 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 in	NAME STREET ADDRESS			☐ Delete	NAM Stri	AE EET ADDRESS				☐ Change	☐ Addition	
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