2005 FOR PROFIT CORPORATION . ANNUAL REPORT

SIGNATURE: _

FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # J91893	and the second s		Secretary of State
Principal Place of Business_ 801 S. UNIVERSITY DRIVE C123 PLANTATION, FL 33324		Mailing Address 801 S. UNIVERSITY DRIVE C123 PLANTATION, FL 33324		. I INNSYNY NIJY I WAN TAYAN FARAN WANN CUTA WANT NIJYA WANT WENT WENT NIGHT WANT NIGHT WENT NIGHT NIGHT FA TAND
C	O NOT WRITE	IN THIS SPA	CE	04202005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
				5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
801 S. UN	, VIRGINIA IIVERSITY DRIVE C123 ION, FL 33324	· -		DO NOT WRITE IN THIS SPACE
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, typed or primed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DI	RECTORS		A to a man section of the section of
TITLE NAME STREET ADDRESS	MATHEO, VIRGINIA 801 S. UNIVERSITY DRIVE C123	7-811-1.2		Incomparate and the control of the c
CITY-ST-ZIP	PLANTATION, FL	· · ·	andrika 1989. T	U00000331943 04/26/05-80035-025 150,00
TITLE NAME STREET ADDRESS	SVD MATHEO, STEVEN 801 S. UNIVERSITY DRIVE C123			A CONTRACTOR OF THE PARTY OF TH
CITY-ST-ZIP	PLANTATION, FL		en de transportunista de la companya	Company of the State of the Sta
NAME STREET ADDRESS				DO NOT WRITE
CITY-ST-ZIP TITLE				IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			i .	IN THIS SPACE
TITLE NAME			Manager (m. 12)	military financia material and a financial and a community of the
STREET ADDRESS CITY-ST-ZIP	- · .			
TITLE NAMÉ			PER SHOPPING ASSET	of the district of district on the second of the second
STREET ADDRESS CITY-ST-ZIP		·		
12. I hereby 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				