2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

1. Entity Nan 740 OCE	AN DRIVE CORP. DR M	lailing Address 740 OCEAN DR MAMI BCH, FL 33139			Secretary of State
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04152005 No Chg-P CR2E034 (10/03) 4. FEI Number	
BASABE, FABIAN 740 OCEAN DR MIAMI BEACH, FL 33139			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 Signature. typed or grinted name of registered agent and the II applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution 10. OFFICERS AND DIRECTORS				55.00 May Be dded to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BASABE, FABIAN 740 OCEAN DR MIAMI BCH, FL 33139		<u></u>		U00000324957 04/22/05-80113-018 150.00
name Street address City-St-Zip					04/22/05-80113-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	— IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST- ZIP			_	•	-
TITLE NAME STREET ADDRESS GITY - ST - ZIP				-	
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 cath, 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 an address, with all like empowered.					

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR