2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AR		FILED
DOCU	MENT # K51602			May 02, 2005 08:00 AM Secretary of State
FISHER &	& FISHER, CPAS, P.A.			Secretary or State
Principal Place of Business Mailing Address			-	
7520 SW 57 AVE., STE A MIAMI FL 33143 US		7520 SW 57 AVE., ST MIAMI FL 33143 US	EΑ	
2. Principal Place of Business		3. Mailing Address	- 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 65-0108931 Applied For Not Applied
Zip	Country	Zîp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
FISHER, JOSEPH L.				
7520 SW 57 AVE., STE A MIAMI FL 33143			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and access
SIGNATURE	Signature, typed or printed name of registered age:	st and this if socilicable (NOT	E Registered Agent signature reduir	ed when reinstating) DATE
				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May E- Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
MILE	D	☐ Delete	HILE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	FISHER, JOSEPH L. 7520 SW 57 AVE., STE A MIAMI FL 33143	•	NAMÉ STREET AUDRESS CITY-ST-ZIP	U00000353893 05/03/05-80085-017 150.00
TITLE .	D	□ Delete	TITLE	☐ Change ☐ Addièic
NAME	FISHER, MILTON G.		NAME	<u> </u>
STREET ADDRESS	·		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	<u> </u>	CHY SI-MP	Comment Carlot
TITLE NAMÉ		Delete	TITLE NAME	☐ Change ☐ Addissi
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		. <u></u>	CATY-ST-24P	
THE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITA-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Attitib
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-SI-7IP			GITY-S1-ZIP	
TITLE NAME		☐ Delete	TITEE	☐ Change ☐ Addition
STREET ADDRESS			STREET ANDRESS	
CITY - ST - ZIP			CITY ST-ZIP .	
12. I hereby of indicated of the corchanged,	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	h this filing does not qualify for is true and accurate and that no owered to execute this report with all other like empowered.	the exemption stated in S ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes, and that my name appears in Block 10 or Block 11 if

TYPED ON PRINTED NIGHE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

305-668-4575