

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

		11111077			Convetory of Ct	-4-
DOCU	MENT # L	74313	* * *		Secretary of St	aie
1. Entity Nan		 DOCKS CODE			\	
AWERIC	WIN DWALLD & I	DOCKS, CORP	•		'	
<u></u>						
	ce of Business.		Mailing Address			
517 NE 136 N MIAMI, FL		-	517 NE 135 ST N MIAMI, FL 33161			
N MINING, CL	22101		ta musika, i C 33101			. .
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					04132005 No Chg-P CR2E034 (10/03)	
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				_	4. Fet Number Applied Fi 65-0201400 Not Applie	
					5 Cartificate of Status Decired 3 \$8.75 Additional	
<u> </u>	6 Name and A	idress of Current Re	pistered Agent		Fee Required	{
 -	o. Name and AC	diese of Current He	Institute Wildlift		·	ł
PEREA, R			<u>-</u>	}	DO NOT WRITE	1
517 NE 13 N MIAMI.				{		
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8. The above	named entity submit	tsilhis statement for th	a purpose of changing its register	ed office or register	ared agent, or both, in the State of Florida. I am familiar with, and acc	ept
	tions of registered ag	ent.			λ	1
SIGNATURE.		27 Il	\sim		4-45-05	. 1
	Signature, typed of printed r	name of registered agent and	itle if applicable. (NOTE Registere	d Agent signature raquired	d when reinstating) DATE	
P.		0.00	9. Election Campaign Finar	ncing \$5.	5.00 May Be	}
After M	.E NOW!!! FEE ! ay 1, 2005 Fee	will be \$550.00	Trust Fund Contribution.		ded to Fees	}
10,	{	OFFICERS AND DIF	AL RECTORS	T		- {
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NAME CTREET ADDRESS	PERÈA, RONALI 517 NE 135 ST	D				[
STREET ADDRESS CITY-ST-ZIP	N MIAMI, FL				U00000318529 04/20/05-80062-010 150.00	_
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	certify that the informa	tion supplied with thi	s filling does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	on]
indicated of the cor	on this report or sup poration or the receiv	plemental repart is fru fer or trustage empoye	e and accurate and that my signared to execute this report as requi	ture shall have the s red by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further certily that the informatic same legal effect as if made under cath; that I am an officer or direc 7, Florida Statutes; and that my name appears in Block 10 or Block 1	tor 11 if
changed,	, or on an attachment	with an address with	all other like empowered.		4- /	لم
SIGNAT	URE:	000	1 min		4-15-05 305-893-2	<u>e</u> 26
	SIGN	TURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR DIRECT	TOR	Date Daytime Phone #	- 1