2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # M00350	,			05-02-2005	90398 ()26 ***158	8.75
Principal Place of Business 12910 SW 116 ST. MIAMI, FL 33186		Mailing Address 12910 SW 116 ST. MIAMI, FL 33186		14013424				
2. Principal P	Place of Business	3. Mailing Address		- I III				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272005	Chg-P	CR2E	034 (10/03)	
City & State		City & State		4. FEI Numb	er Applied For			
Zip	Country	Zip	Country	1	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New F	Registered	•	
			Name					
DEL VALLE, JORGE J. 12910 SW 116 ST. MIAMI, FL 33186			Street Address	(P.O. Box Numb	er is Not Acceptabl	e)		
IVIIIAWII, I C	33186							
			City			FI	L Zip Cod	e
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regist	ered agent, or bo	th, in the State of FI	lorida. I an	n familiar with,	and accept
CICNIATURE	ŕ							
SIGNATURE.	Country to the state of the sta	4.9. 7						
	Signature, typed or printed name of registered agent a	nd title ii applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)		DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig	n Financing \$!	5.00 May Be		DATE		
FIL After M	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contril	n Financing \$!	5.00 May Be ided to Fees	/CHANGES TO OF		ID DIRECTOR:	S IN 11
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0 OFFICERS AND 0	9. Election Campaig Trust Fund Contril	n Financing \$3 bution. Ac	5.00 May Be ided to Fees	/CHANGES TO OFF		ID DIRECTOR:	S IN 11
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12. I hereby certify that the information supplied with his 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 supplier ental report is frue 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 of 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 other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05 305-970.8004

ate Daytime Phone