2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M04733

FILED Mar 09, 2004 Secretary of State

| Entity Name: 7209 N.W. 41 ST., CORP. | | | | | |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | e of Business: | |
| | 41ST STREE 331663711 | ĒΤ | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | 41ST STREE 331663711 | ΞΤ | | | |
| FEI Number | : 59-2449560 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| PEREZ, C 4461 NW MIAMI, FL | 102 PLACE | 3 | | | |
| | named entity e of Florida. | submits this statement for the | purpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (APAID, ANDRI 14621 ROSEV MIAMI LAKES | VOOD ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (APID, GERALI 14621 ROSEV MIAMI LAKES | VOOD RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD (APAID, CLAUI 14621 ROSEV MIAMI LAKES | VOOD RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (APAID, GERA 14621 ROSEV MIAMI LAKES | VOOD RD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS PEREZ D 03/09/2004

PEREZ, CARLOS,

MIAMI, FL

4461 NW 102 PLACE

Name:

Address:

City-St-Zip: