2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

1. Entily Nam	MENT # M22072 CORPORATION		
Principal Place of Business C/O SERGIO L. RODRIGUEZ 7770 S.W. 17TH TERRACE MIAMI, FL 33155 Mailing Address C/O SERGIO L. RODRIGUEZ 7770 S.W. 17TH TERRACE MIAMI, FL 33155			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			03152005 No Chg-P CR2E034 (10/03) 4. FEI Number
RODRIGUEZ, SERGIO L. 7770 S.W. 17TH TERRACE MIAMI, FL 33155			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 State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent agent registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. NOTE: Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST ZIP	OFFICERS AND DIRECTORS DP RODRIGUEZ, SERGIO L. 7770 SW 17 TER MIAMI, FL		
TITLE HAMF STREET ADDRESS CITY-ST ZIP	DS RODRIGUEZ, GLADYS 7770 SW 17 TER MIAMI, FL		(100011)285767 - 04704705-80001-016 150.00
NAME STREET ADDRESS CITY-ST-ZIP		=	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
RTLE HAME STREET ADDRESS CITY-ST ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
12. I hereby certify that the information supplied with this fying does not qualify for the exemption stated in Section 1 (9.07(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 oath, that I am an officer or director of the corporation or the receiver or trostee embowered 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.			
SIGNATURE: SERGIES ROOK 16082 04-01-05 305-261-8552 SIGNATURE: SIGNATURE AND TYPES OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR Date: Daylore Proces			