2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # M22085 CHHORN AND ASSOCIATES			Secre	etary of State	
Principal Plac 6175 N.W. 1 SUITE 332 MIAMI LAKES	53RD ST.	Mailing Address 6175 N.W. 153RD ST. SUITE 332 MIAMI LAKES, FL 33014 US	s			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01072005 No Chg-P CR2E034 (10/03) 4. FEI Number		
		DO NOT WRITE IN THIS SPACE				
the obligate SIGNATURE.	named entity submits this statement for the tions of registered agent. Storature, typed or printed name of registered agent and title.		d Agent signature required			I am familiar with, and accept
	ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRE		- Addi	ed to rees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD EICHHORN, JERRY 1851 NW 93RD WAY PLANTATION, FL 33322	01003				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					.01/18/05-80	31623 0005-007 150. 08
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NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
ÇHAHÇEC	certify that the information supplied with this i on this report or supplemental report is true rporation or the receiver or sustee empower, or on an attachment with an address, with a	filing does not qualify for the exe- and accurate and mat my signal ad to execute this mooth is requi all other like employeed.	mption stated in Se ture shall have the t red by Chapter 607	ction 119.07(3)(i), F same legal effect as r, Florida Statutes; a	lorida Statutes. I furth if made under oath; t nd that my name app	er certify that the information hat I am an officer or director ears in Block 10 or Block 11 if
SIGNAT	GNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECT	TOR		Dale	Daytime Phone #