2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

		HITIOAL :	REFU	n [An	<u>!</u>		-,	A 27 2004 00.00 AM	
DOCUMENT # M29585 1. Entity Name								Apr 27, 2004 08:00 AM Secretary of State	
CASTRO & RAMIREZ, P.A.									
Principal Place of Business				Mailing Address			7		
1200 BRICKELL AVENUE				1200 BRICKELL AVENUE			1		
1440			1440	1440			}		
MIAMI FL 33131 US				MIAMI FL 33131 US					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt #, etc. City & State				MOORE CR2E034 (11/03)	
City & State				a State		4.	FEI Number 59-2654151 Applied For Not Applicable		
<i>Z</i> ip {	Country Zip			COUR			Certificate of Status Desired S8.75 Additional Fee Required Name and Address of New Registered Agent		
						Name			
CASTRO, CARLOS A. 1200 BRICKELL AVE SUITE 1440						Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33131									
		<u>.</u> -				City		Zip Code	
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 Signature, typed or printed name of registered agont and title discribite. (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
Make Check	k Payable te	o Florida Department	t of State					11ds; Fana Combibation. Added to rees	
10.	<u></u>	OFFICERS A	VD DIRECTO	RS	11.		Α£	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P			☐ Delete	กาน	E		Unnngn133887 □ Change □ Addition	
NAME		CARLOS A.		NAME		- ;	U00000133887 Ll Change Ll Addition 04/27/04-80107-006 158.00		
STREET ADDRESS CITY-ST-ZIP	1200 BRIC MIAMI FL	KELL AVE., #1440				ET ADDRESS -SI-ZIP			
TIRE				Delete	mu	1		☐ Change ☐ Addition	
NAME					NAM				
STREET ADDRESS CITY-ST-ZIP				<u> </u>	спу	- ST-ZIP			
TITLE				☐ Delete	मध	Į.		Change Addition	
NAME STREET ADDRESS					NAM	ET ADORESS			
CITY-ST-ZIP					E	-SI -ZIP			
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TITLE				Delete	អម	1		☐ Change ☐ Addition	
NAME Street Address					NAM	ET ADORESS			
CTTY-ST-ZIP						-SI-ZIP			
TITLE				Delete	3371,3	1		Change Addition	
NAME					MAM	- 1			
STREET ADDRESS CITY-ST-ZIP					EETY	ET ADDRESS -ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 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 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.									
SIGNATURE:								4-26-04 305-372-2800	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone >								

FILED