2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL STREET ADDRESS CITY-ST-ZIP HIGHEAK Gardens, FL 33018 TITLE V Delete STREET ADDRESS CITY-ST-ZIP Higheak Gardens, FL 33018 TITLE NAME STREET ADDRESS CITY-ST-ZIP Higheak Gardens, FL 33018 THE NAME STREET ADDRESS CITY-ST-ZIP Higheak Gardens, FL 33018	DOCU	ALVIT # WWOODE									
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Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	<u>. </u>			7. Name and	Address of New F			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		DODEDTO E			-Name	Sine	nez Rot	ecto F			
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 printer name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renetating) DATE Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME TARAFA, REBECA T SAFE SW 57 TERRACE CITY-ST-2P Hickelach Cardens, FL 33018 TITLE NAME STREET ADDRESS 6303 OLD CUTLER RD CITY-ST-2P Hickelach Cardens, FL 33018 TITLE NAME TITLE NAME STREET ADDRESS 6303 OLD CUTLER RD CORAL GABLES, FL 33143 TITLE NAME TITLE NAME STREET ADDRESS CORAL GABLES, FL 33143 Delete TITLE NAME TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME	1116 SOR	OLLA			Street Ad	dress (F	O. Box Numbe	er is Not Acceptabl	e)		
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