2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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1. Entity Nam	MENT # M46471 lage, inc.					Secretary (of State
Principal Plac	e of Business	Mailing Address		1			į
	280 STREET	20775 S.W. 280 STREET					
MIAMI, FL 3	3031	MIAMI, FL 33031					
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DO NOT WRITE IN THIS SPACE				0404000 No Ob - D			
			∩E	01042005	No Chg-	P CR2E034 (10.	(03)
			CE	4. FEI Number		Į	Applied For
				59-2867	610	60.71	Not Applicable
				5. Certificate o	f Status Desi	red Fee Re	Additional quired
	6. Name and Address of Current Re	gistered Agent					
CAMEIO	ARMANDO			~~:		1 4 7 PM 1 PM 4 PM	į.
	ARMANDO V. 280 ST.	 	DO I	NOT	WRITE	į	
MIAMI, FL 33031			1	INI T	HIC (SPACE	ĺ
				11.4 1		SI'ACL	
						. 	
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 agent and	Title if applicable (NOTE: Hagisters	ed Agent signature required	d when reinstating)		DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS]		UU	UUUU1 ('5989	
TITLE	D				01/10.	/05-80070-021	158.75
NAME STREET ADDRESS	CAMEJO, ARMANDO 1535 ZULETA AVENUE						
CITY-ST-ZIP	CORAL GABLES, FL 33146		Į.				
TITLE	Т						
NAME	CAMEJO, GLADYS						İ
STREET ADDRESS	1535 ZULETA AVENUE	#*·					
CITY-ST-ZIP	CORAL GABLES, FL 33146				 .		
TITLE NAME							
STREET ADDRESS				n^ :	NAT.	FW hart I also have	
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TITLE	<u> </u>	** · · · · · · · · · · · · · · · · · ·	-		=	-	
NAME							
STREET ADDRESS			ŀ				į
CITY-ST-ZIP		4 1	4_				
TITLE NAME			Ì				1
STREET ADDRESS							
CITY-ST-ZIP							l L
12. I hereby	certify that the information supplied with th	is filing does not qualify for the exe	mption stated in Se	ection 119.07(3)(i),	Florida Stat	utes. I further certify that	the information
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my signa ered to execute this report as requi	ture shall have the : ired by Chapter 607	same legal effect 7, Florida Statutes;	as if made u ; and that my	nder cath; that I am an o r name appears in Block	fficer or director 10 ₁ or Block_11 if
changed,	or on an attacpment with an address, with	n all other like empowered. AR	MANDO CAR	neso	1	1 .	
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