## \_\_\_ 2004 FOR PROFIT CORPORATION

## **FILED** <del>A</del>M

Secretary of State CORPORATE TECHNOLOGIES, INC.  Phrobal Flace of Business  Mailing Address 450 S.W. 89TH COURT MAMM, FL 33174   O2172004 No Chg-P CR2E034 (10/03)  4. FEI Numbur 65-0011215 5. Centificate of Status Desired  88.75 Additional Feo Required  6. Name and Address of Current Registered Agent  HERNANDEZ, RAYMOND A 450 S.W. 89TH CT.  MIAMM, FL 33174  8. The above named entity cultraits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent agent and the facilities.  BIGNATURE  Secretary of State  O2172004 No Chg-P CR2E034 (10/03)  4. FEI Numbur 65-0011215 5. Centificate of Status Desired  88.75 Additional Feo Required  88.75 Additional Feo Required  State Agency Type of State Planta Agency Agency Desired Agency Report Syntam register when residing)  DOTE  FILE NOWIN: FEE 18 \$450.00  After May 1, 2004 Fee will be \$550.00  Thus NAME STRET ADDRESS  OTHER STATE AGENCY  OFFICERS AND DIRECTORS  THE NAME STRET ADDRESS  OTH 5.79  THE NAME STRET	ANNUAL REPORT					Apr 16, 2004 08:00 A			
450 S.W. 89TH COURT MAMI, FL 33174  A50 S.W. 89TH COURT AFEINANDEZ, RAYMOND A A50 S.W. 89TH COURT MAMI, FL 33174  MAMI, FL 331	1. Entity Name	e			Secretary of State				
### PD ##	450 S.W. 891	TH COURT	450 S.W. 89TH COURT						
6. Name and Address of Current Registered Agent  HERNANDEZ, RAYMOND A 450 S.W. 89TH CT. MIAMI, FL 33174  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 active obligations of registered agent.  SIGNATURE    Signature, Yead or privace rame of registered agent and the Papicable. (INDE Registered Agent agrutum registered when nationality)  DATE    File NOWIII FEE IS \$150.00   P. Election Campaign Financing Trust Fund Contribution.   \$5,00 May Be Added to Fees   04/16/04-800S3-010 150.0    The NAME AGENT AND AGENT COURT MIAMI, FL 33174    THE NAME STREET ADDRESS   DIFFICENCES AND DIRECTORS   DIFFICENCES AND AGENT COURT MIAMI, FL 33174    THE NAME STREET ADDRESS   DIFFICENCES AND AGENT COURT MIAMI, FL 33174	The second secon			4	02172004 No Chg-P CR2E034 (10/03)				
HERNANDEZ, RAYMOND A 450 S.W. 99TH CT. MIAMI, FL 33174  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 act the obligations of registered agent.  SIGNATURE  Signature, vised or private raine of registered agent and title if explicable.  (NOTE Registered Agent upvalues required when relatating)  DATE  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$350.00  OFFICERS AND DIRECTORS  THE  NAME  TILE  NAME  TILE  NAME  STREET ADDRESS  CITY-5T-2P  TILE  NAME  STREET ADDRESS  CITY-5T-2P  TILE  NAME  STREET ADDRESS  CITY-5T-2P  TILE  NAME  NAME  STREET			1.84	65-001	1215		Not Applicable 8.75 Additional		
the obligations of registered egent.  Signature. Signature, typed or printed name of registered agent and tibe if applicable.  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICER'S AND DIRECTORS  TITLE  NAME  HERNANDEZ, RAYMOND A.  450 S.W. 89TH COURT  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TI	450 S.W. 8 MIAMI, FL	DEZ, RAYMOND A 39TH CT. 33174	· A · A · A · A · A · B · B · B · B · B						
TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP	the obligation of the obligati	ions of registered agent.  Signature, typed or printed name of registered agent and to  E NOWILL FEE 19 \$150.00	de il applicable. INOTE Registere  9. Election Campaign Finar	d Agent pignature require	d when reinstating)	00000	date 0116540		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	TOLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND DIRE PD HERNANDEZ, RAYMOND A. 450 S.W. 89TH COURT	ECTORS						
CITY-ST-ZIP  TITLE  NAME  STRIET ADDRESS  CITY-ST-ZIP	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·				ing the second		
TIFLE NAME STREET ADDRESS EXTY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes, I further certify that the information inclicated on this report or supplier ental report if the and accuracy and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trusted exprowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other the empowered.	TITLE NAME STREET ADDRESS DITY-ST-ZIP	certify that the information supplied with this on this report or supplemental report struct portation or the receiver or trustee approvement.	filling does not qualify for the fixe and acculate and that my signal and to explute this record as fequi	mption stated in Se ture shall have the red by Chapter 60'	ection 119.07(3)(I same legal effect 7, Florida Statutes	), Florida Statutes, I t as if made under o s; and that my name	further certify sain; that I am a appears in E	r that the information an officer or director Block 10 or Block 11 if	