2004 FOR PROFIT CORPORATION ___ANNUAL REPORT

FILED Mar 29, 2004 08:00 AN Secretary of State

1. Entity Nar	MENT # IVIO2872 N DEVELOPMENT INC.					·
Principal Place of Business Mailing Address C/O RAY ABBASSI 2000 S. DIXIE HWY., STE. 100 MIAMI, FL 33133 MIAMI, FL 33133 Mailing Address C/O RAY ABBASSI 2000 S. DIXIE HWY., STE. 100 MIAMI, FL 33133						
DO NOT WRITE IN THIS SPAC			CE	03192004 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent ABBASSI, RAY 2000 S. DIXIE HWY SUITE 100 MIAMI, FL 33133			DO NOT WRITE IN THIS SPACE			
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: Registered Agent signature required when retreasaling) PILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	P ABBASSI, RAY 2000 S. DIXIE HWY. #100 MIAMI, FL 33133	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBASSI, ALEX 2000 S. DIXIE HWY. #100 MIAMI, FL 33133	U00000098550 03/29/04-80045-008 150.00				
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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 you and accurate and that my signature shall have the same legal effect as if made under cath, 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: 3.26.04 305-816-1858						
SIGNATURE:\ 1//						