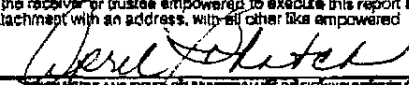


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M71281			
1. Entity Name C AND A CORPORATION			
Principal Place of Business 10220 SW 87 ST MIAMI, FL 33173 US		Mailing Address 10220 SW 87 ST MIAMI, FL 33173 US	
DO NOT WRITE IN THIS SPACE		 04082004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2878652	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOHATCH, APRIL D 10220 SW 87 ST MIAMI, FL 33173		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, type or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000139860 04/29/04-80137-020 150.00	
TITLE	DPS		
NAME	BOHATCH, APRIL D		
STREET ADDRESS	10220 SW 87 ST		
CITY-ST-ZIP	MIAMI, FL 33173		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-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 807, 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/04 Date	
		305-4988207 Daytime Phone #	