## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 31, 2005 8:00 am Secretary of State

Main'ng Address   Suite   Su	1. Entity Name	MENT # N0400003	CIATION, INC.				5-31-2005 90	0005 042	****61.	25	
Suble, Apt. #, etc.    Suble, Apt. #, etc.   Suble, Apt. #, etc.   D4262005 Chg-NP CR2E037 (10/05)   City & State   A. FEI Number	701 BRICKEL SUITE 2280	L AVENUE	Mailing Address 701-BRICKELL AVENU SUITE 2280 MIAMI, FL 33131	illing Address 9 <del>1 BRICKELL AVENUE</del> 11981 SW 144 <del>UITE 2280</del> SU; HE 201 HAMI, FL 33131 MGH, D 33;86		<i>c</i> ∱400863	.09 Manana				
City & Siste  Ci	2. Principal Pl	ace of Business	3. Mailing Address								
Zip   Country   Zip   Country   S. Certification of Status Desired   Sa.755 Actitional Fee Required   Sa. Name and Address of Current Registered Agent   Fee Required   F	Suite, Apt.	#, etc	Suite, Apt. #, etc.				hg-NP	CR2E037	(10/03)		
Signature    Fee Required   Sire   Address of New Registered Agent   Sire   Address of Pool Address of New Registered Agent   Sire   Address of Pool Address of New Registered Agent   Sire   Address of Pool Address of New Registered Agent   Sire   Address of Pool Address of New Registered Agent   Sire   Address of Pool Address of Pool Address   Address of Pool	City & State					4. FEI Number 20-1	196142		Not	Applicable	
HERNANDEZ, OMAR A 701 BRICKELL AVENUE SUITE 2280 MIAMI, FL 33131  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filing Fee is \$61.25   9. Election Campeign Financing Trust Fund Control both.   Trust Fund Control both.   OFTE: Registered Agent Speakure request when revealable)   DATE	Zip		<u> </u>	`							
HERNANDEZ, OMAR A 701 BRICKELL AVENUE SUITE 2280 MIAMI, FL 33131  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 and the spokes.    Signature   Signature   Signature, topod or present none of registered agent and the spokes.		6. Name and Address of Current	Registered Agent			7Name and Add	ress of New Re	gistered Age	ent -		
SUITE 2280 MIAMI, FL 33131    City   FL   Zip Code											
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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or printed reams of registered agent and title if applicable.   PICTE Registered Agent signature required when rendating)   DATE	SUITE 228	0			`					<del></del>	
SIGNATURE    Signature   Signa			City	City FL Zip Code							
Filling Fee is \$61.25   Due by May 1, 2005   Steel to Campaign Financing Trust Fund Contribution.   St.00 May Be Added to Fees   Make check payable to Florida Department of State			r the purpose of changing it	s registered office of	or register	red agent, or both, in	the State of Flor	ida. I am fan	niliar with, a	and accept	
Trust Fund Contribution. Actied to Fees   Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signs	ture required	1 when reinstating)		DATE		-	
TITLE MANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135  TITLE MANE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135  TITLE MANE BOSCHETTI, LUIS 2901 SW 8TH STREET SUITE 204 MIAMI, FL 33135  CITY-ST-ZIP MIAMI, FL 33135  Delete TITLE MANE STREET ADDRESS CITY-ST-ZIP  TITLE MANE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI	* 08 000					TOTAL INITIAL PORTION OF THE PROPERTY OF THE P				I	
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NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135  ITTLE VD BOSCHETTI, JOSE BOSCHETTI, LUIS BOSCHETTI, JOSE BOSCHETTI, LUIS BOSCHETTI, BOSCHETT	NAME STREET ADDRESS	HERNANDEZ, OMAR A 701 BRICKELL AVENUE SUITE		NAME STREET ADDRESS		,		C	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BOSCRETTI, LUIS 2901 SW8TH STREET SUITE 2		NAME Street Address					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BOSCHETTI, JOSE 2901 SW 8TH STREET SUITE 2			_				Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 they my signature shall have the same legal effect as if made under oath; that I am an officer or director	NAME STREET ADDRESS CHY-ST-ZIP		<b></b>	NAME STREET ADDRESS CITY-ST-ZIP	1					□ Addition	

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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