2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 12, 2005 8:00 am Secretary of State

09-12-2005 90001 020 ****70 00

1. Entity Nam	MENT # N0400006	3470			-12-2003 30001	, 020 A	5.00	
400 S POINT MIAMI BCH, F	TANCE A COLLINS E DR STE 901 FL 33139	Mailing Address ATTN CONSTANCE A COL 400 S POINTE DR STE 90 MIAMI BCH, FL 33139			50 	06633 <u>1</u>		
161 MZ	Place of Business	3. Mailing Address	Ave.					
Suite, Apt.	#, etc. 89	Suite, Apt. #, etc.		09062005 Ch	g-NP CR2	E037 (10/03)		
City & State	gallow Fl	Coral Gabl	en Fl	4. FEI Number 81-06	52266	→ + ·	plied For t Applicable	
3313	34 Country USA	33134	COUNTS PA-	5. Certificate of Sta	atus Desired 💢	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Register	ed Agent		
AMERICAL	N INFORMATION SERVICES	INC	Name					
AMERICAN INFORMATION SERVICES, INC. ONE SE THIRD AVE. STE 2800 MIAMI, FL 33131			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
'								
			City		ı	EL Zip Code	9	
	e named entity submits this statement for tions of registered agent. Signature, hypothybrided name of registered agent.				the State of Florida. I		and accept	
 	Signature, typoology and the or registered agent of	induse (approase. (NOTE.II	Registered Agent signature requ	urred when reinstating)				
D	Filing Fee s \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to partment of St		
D	Filing Fee s \$61.25 ue by September 7, 2005	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Make ch Florida De	eck payable to partment of St	10	
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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 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 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: By

ENATURE AND TYPED OR PRINTED MEDICAL OF SIGNING OFFICER OR DIRECTOR)

<u>305-613-1573</u>