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Signature. typed or privated name of registanced agent and bits if applicable. (NOTE: Registance dream registance) Date Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make check payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE D ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE D ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE D ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE D ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE D ITTLE MAKE ITTLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITTLE D ITTLE MAKE ITTLE MAKE Addition NAME FEERAS, JUAN Yelpelete ITTLE Make Especial State ITTLE Addition NAME FEERAS JUAN Item Addition Make Especial State Item Addition NAME RAME Delete ITTLE MAKE Addition Additi	 The above the obligat 	e named entity tions of registe	v submits this statement for ered agent.	or the purpo	ose of changing	its register	ed office o			n the State of Flo	orida. I am fa	miliar with,	and accept	
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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.	indicated	on this repor	t or supplemental report is	s true and a	accurate and that	t my sionat	iure shall h	have the s	ame lenal effect a	s if made under	nath that I an	i an officar	or director	
SIGNATURE: SHELLY VALENTING ALLEN ALLENTING 4/25/05 321-752-5833		4	HELLY VALENT	NE	Shel	lul	All			4/25/0	5 <u>3.) -</u> Day	- <u>752-</u> time Phone #	5833	

ATTACHMENT

20	05 NOT-FOR-P <u>R(</u> ANNUAL	OFIT CORPO	RATION				
1. Entity Nam	MENT # N04000010						
Principal Place 1972 SARNO MELBOURNE	RD.	Mailing Address 102 E. NEW HAVEN AVE PMB 141 MELBOURNE, FL 3290			140/103	<u>,</u>	
2. Principal P 11.3.5 Suite, Apt.	lace of Business N. WiCKHAM RD #, etc.		HAM R.		g-NP CR2E	037 (10/03)	
City & State <u>Mel Ba</u> Zip	e e 2. J. R.N.L., FIDRIDA Country	City & State <u>Mel Bou ENC</u> Zip	Country		70610		plied For t Applicable
32935	U.S.A 6. Name and Address of Current	32935	2.3 . h		atus Desired	Fee Require	
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SIGNATURE	Signature. typed or efforted name of registered agent Filling Fee is \$61.25	9. Election Carr	Registered Agent signatu	re required when reinstating) \$5.00 May Be	DATE	ck payable to	.
10.	Due by May 1, 2005 OFFICERS AND DI	Trust Fund C RECTORS	11.	-	Florida Depa		
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