## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED May 03, 2005 8:00 am Secretary of State

| 1. Entity Nam                                                                                                                                                                                                                                                       | MENT # N980000049                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                        |                                                                              | 5-03-2005                        | 90165 044                                              | ****7(                                  | 0.00                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------------|
| 2450 S.W. 27TH LANE 2450                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                 | Mailing Address<br>2450 S.W. 27TH LANE<br>MIAMI, FL 33133   | 450 S.W. 27TH LANE                                                                                                                                                                                                                                                                                     |                                                                              |                                  | # <b>81</b>     <b>: 48</b>     <b>8</b>      1        | BIUT EBIOT EI                           |                              |
| Principal Place of Business     3. M                                                                                                                                                                                                                                |                                                                                                                                                                                                                                 | 3. Mailing Address                                          | Mailing Address                                                                                                                                                                                                                                                                                        |                                                                              |                                  |                                                        |                                         |                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                 | Suite, Apt. #, etc.                                         |                                                                                                                                                                                                                                                                                                        | 04182005 C                                                                   | hg-NP                            | CR2E037 (                                              | (10/03)                                 |                              |
| City & State                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                 | City & State                                                |                                                                                                                                                                                                                                                                                                        | 4. FEI Number<br>65-086436                                                   | <del></del>                      |                                                        | _                                       | oplied For<br>ot Applicable  |
| Zip                                                                                                                                                                                                                                                                 | Country                                                                                                                                                                                                                         | Zip                                                         | Country                                                                                                                                                                                                                                                                                                | 5. Certificate of S                                                          | 5. Certificate of Status Desired |                                                        | .75 Add<br>Require                      |                              |
|                                                                                                                                                                                                                                                                     | 6. Name and Address of Current Re                                                                                                                                                                                               | gistered Agent                                              |                                                                                                                                                                                                                                                                                                        | 7. Name and Add                                                              | iress of New R                   | legistered Age                                         | nt                                      |                              |
| CASTILLO, SIRO D<br>2450 S.W. 27TH LANE<br>MIAMI, FL 33133                                                                                                                                                                                                          |                                                                                                                                                                                                                                 |                                                             |                                                                                                                                                                                                                                                                                                        | Name Street Address (P.O. Box Number is Not Acceptable)                      |                                  |                                                        |                                         |                              |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 |                                                             | City                                                                                                                                                                                                                                                                                                   |                                                                              |                                  | FL                                                     | Zip Code                                | e                            |
|                                                                                                                                                                                                                                                                     | named entity submits this statement for the tions of registered agent.                                                                                                                                                          | ne purpose of changing its r                                | registered office or                                                                                                                                                                                                                                                                                   | registered agent, or both, in                                                | the State of Flo                 | orida. I am fam                                        | iliar with,                             | and accept                   |
| SIGNATURE .                                                                                                                                                                                                                                                         | Signature, typed or printed name of registered agent and                                                                                                                                                                        | Inde d'applicable. (NOTE-                                   | Desirtured & continues                                                                                                                                                                                                                                                                                 |                                                                              |                                  |                                                        |                                         |                              |
|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                 | (1.512.                                                     | negislereu Ageril signatu                                                                                                                                                                                                                                                                              | re required when reinstating)                                                |                                  | DATE                                                   |                                         |                              |
|                                                                                                                                                                                                                                                                     | Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                     | 9. Election Cam<br>Trust Fund Co                            | paign Financing                                                                                                                                                                                                                                                                                        | \$5.00 May Be Added to Fees                                                  |                                  | lake check parime                                      | -                                       |                              |
| 10.                                                                                                                                                                                                                                                                 | Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE                                                                                                                                                                      | 9. Election Cam<br>Trust Fund Co                            | paign Financing                                                                                                                                                                                                                                                                                        | \$5.00 May Be Added to Fees ADDITIONS/CHANG                                  | Flor                             | lake check pa<br>ida Departme                          | ent of St                               | tate                         |
| TITLE                                                                                                                                                                                                                                                               | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIRE                                                                                                                                                                     | 9. Election Cam<br>Trust Fund Co                            | paign Financing ontribution.                                                                                                                                                                                                                                                                           | S5.00 May Be Added to Fees ADDITIONS/CHANG                                   | Flor<br>GES TO OFFICE            | lake check parida Departme                             | ent of St                               | tate                         |
| <del>                                     </del>                                                                                                                                                                                                                    | Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE                                                                                                                                                                      | 9. Election Cam<br>Trust Fund Co                            | paign Financing<br>ontribution.                                                                                                                                                                                                                                                                        | \$5.00 May Be Added to Fees  ADDITIONS/CHANG  PO  EOVARDO GARG  7980 SW 177H | Flor<br>EES TO OFFICE            | lake check parida Departme                             | ent of St                               | 10                           |
| TITLE<br>NAME<br>STREET ADDRESS                                                                                                                                                                                                                                     | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIRE  PD FERNANDEZ, TELESFORO H  4453 N.W. 185TH ST.  MIAMI, FL 33055  TD HERNANDEZ, RENE E  10345 S.W. 112TH ST                                                         | 9. Election Cam<br>Trust Fund Co                            | paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS                                                                                                                                                                                                                                         | \$5.00 May Be Added to Fees  ADDITIONS/CHANG                                 | Flor<br>EES TO OFFICE            | lake check parine<br>ida Departme<br>RS AND DIREC<br>S | ent of St                               | 10                           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                     | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIRE  PD FERNANDEZ, TELESFORO H 4453 N.W. 185TH ST. MIAMI, FL 33055  TD HERNANDEZ, RENE E 10345 S.W. 112TH ST MIAMI, FL 33126  SD DEL CASTILLO, SIRO                     | 9. Election Cam<br>Trust Fund Co<br>CTORS                   | paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                    | \$5.00 May Be Added to Fees  ADDITIONS/CHANG  PO  EOVARDO GARG  7980 SW 177H | Flor<br>EES TO OFFICE            | lake check parida Departme                             | ent of St<br>CTORS IN<br>Change         | 10 Addilion                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                               | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIRE  PD FERNANDEZ, TELESFORO H 4453 N.W. 185TH ST. MIAMI, FL 33055  TD HERNANDEZ, RENE E 10345 S.W. 112TH ST MIAMI, FL 33126  SD DEL CASTILLO, SIRO 2450 S.W. 27TH LANE | 9. Election Cam Trust Fund Co                               | paign Financing ontribution.  11.  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                                                                                                                      | \$5.00 May Be Added to Fees  ADDITIONS/CHANG  PO  EOVARDO GARG  7980 SW 177H | Flor<br>EES TO OFFICE            | lake check parida Departme                             | ent of St<br>ETORS IN<br>Change         | 10 Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                   | Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIRE  PD FERNANDEZ, TELESFORO H 4453 N.W. 185TH ST. MIAMI, FL 33055  TD HERNANDEZ, RENE E 10345 S.W. 112TH ST MIAMI, FL 33126  SD DEL CASTILLO, SIRO 2450 S.W. 27TH LANE | 9. Election Cam Trust Fund Co                               | paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                   | \$5.00 May Be Added to Fees  ADDITIONS/CHANG  PO  EOVARDO GARG  7980 SW 177H | Flor<br>EES TO OFFICE            | lake check parida Departme                             | ent of St<br>CTORS IN<br>Change         | Addition  Addition           |
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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: SIRO DEL CASTILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR