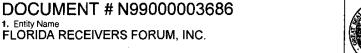
2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT





Principal Place of Business

Mailing Address 267E C DAVCHARE DO

FILED Jan 07, 2005 8:00 am Secretary of State

01-07-2005 90020 043 ****61.25

MIAMI, FL 33133			MIAMI, FL 33133					50000658									
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2. Principal Place of Business 3				3. Mailing Address													
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				010	52005	Chg	g-NP	(CR2E0	37 (10/03	ĺ		
City & State			Cit	City & State				4. FEI Number Applied For								or	
			<u> </u>						5-093	8702	702				Vot Appli	cable	
Zip Country		Zip	Zip		ıntry		5. C	ertificate	of Stat	tus Desir	ed		\$8.75 A Fee Requi				
	6. Name	and Address of Current	Registere	d Agent	٠			7. N	ame and	Addre	ess of Ne	ew Reg	istered	Agent			
FREEMAN, LÉWIS B							Name										
2675 S. BAYSHORE DR.							Address ((P.O. B	x Numbe	er is No	ot Accep	table)					
MIAMI, FL	33133			•		ļ —											
						City							FL	Zip Ci	de .		
		y submits this statement fo	r the purp	ose of changing its	register	ed office o	or registe	red age	nt, or bot	th, in th	ne State o	of Florid	la. I am	familiar wit	h, and ac	cept	
the obligat	ions of regist	ered agent.															
SIGNATURE .																_	
		or printed name of registered agent	and title if app	licable. (NOTS	: Registere	id Agent sign:	ature require	d when rei	nstating)				DATE				
Filing Fee Is \$61.25 Due by May 1, 2005				Election Campaign F Trust Fund Contributi					May B	le				k payable tment of			
10. OFFICERS AND DIRECT								Added	101663	·		,10114	ı neba	mient of	Julie	3.74	
10.			RECTORS		11.					ANGE			1, 18	RECTORS			
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #