## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## FILED Apr 29, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # P00000044	20		Secretary of State
Principal Place 5495 NW 79 MIAMI, FL 3		Mailing Address 5495 NW 79TH AVENUE MIAMI, FL 33166		
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04232004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 65-0973035 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
BERMUDEZ, MAURICIO L 5495 NW 79TH AVENUE MIAMI, FL 33166				DO NOT WRITE IN THIS SPACE
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.  SIGNATURE  Signapole, lipited or ordined name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees				
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DI PSTD BERMUDEZ, MAURICIO L 5495 NW 79TH AVENUE MIAMI, FL 33166	RECTORS		000000138053 04/29/04-80065-014 150.00
STREET ADDRESS CITY-SI-ZIP TITLE NAME		<u> </u>		
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
NAME STREET ADDRESS CITY-SI-ZIP 12.   hereby cindicated	certify that the information supplied with the	is filing does not qualify for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes, I further certify that the information
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				