2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 28, 2004 08:00 AM Secretary of State		
1. Entity Nam	MENT # P000000198	15			Secret	ary of State
Principal Place of Business Mailing Address 9850 NORTHWEST 26TH STREET 9850 NORTHWEST 26TH STREET MIAMI, FL 33172 MIAMI, FL 33172			ET	 	FANN FATNI KANPI AKTIC ANNI	II JANUA ITAIKAANI IRIO INBELANIKA PART
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04072004 4. FEI Numbe 65-0985	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
RODIGUEZ, MARIA V 7937 LAKE WOOD COVE CT LAKE WORHT, FL 34467			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 Signature, typed or printed 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 Trust Fund Contribution.				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PTD FUENTES, ROSA H 9850 NORTHWEST 26TH STREET MIAMI, FL 33172 SVD HERRERA, NOE 9850 NORTHWEST 26TH STREET MIAMI, FL 33172				U0000 04/29/04 NOT W THIS SF	
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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 607, 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR