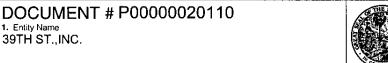
## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1632 PENNSYLVANNIA AVENUE MIAMI BEACH, FL 33139

Mailing Address

1632 PENNSYLVANNIA AVENUE MIAMI BEACH, FL 33139

## FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90057 014 \*\*\*150.00



02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0986408

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG 1632 PENNSYLVANNIA AVENUE MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the p the obligations of registered agent.</li> </ol>	ourpose of changing its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept		
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 \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIREC	TORS			

After M	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.
10.	OFFICERS AND DIREC	TORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINS, CRAIG 1632 PENNSYLVANNIA AVENUE MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRETEN STEIN, STEVEN 1632 PENNSYLVANNIA AVENUE MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENSON, CONNIE 1632 PERMEYLVANIA AVE DEI MIAMMBEACH, EL 33139	LETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

SIGNATURE AND TYP

DO NOT WRITE IN THIS SPACE

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 appoint 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 be 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 an other like empowered. 39th St.,

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

Vice President

2/13/04

(305) 531-8700