2005 FOR PROFIT CORPORATION

Ian 18. 2005 08:00 AM

ANNUAL REPORT				Secretary of State					
1. Entity Nan	MENT # P00000020	366			Se	cretary	7 OI State		
11909 SW 78 TERRACE MIAMI, FL 33183		Mailing Address 11909 SW 78 TERRACE UNIT A MIAMI, FL 33183	1909 SW 78 TERRACE NIT A						
_	OO NOT WRITE	IN THIS SPA	N THIS SPACE		No Chg-P	CR2E034 (
				65-099 5. Certificati	96847 e of Status Desired		Not Applicable 75 Additional Required		
	6. Name and Address of Current R	egistered Agent							
201 S BIS	ATION COMPANY OF MIAMI CAYNE BLVD MI CENTER . 33131 -		DO NOT WRITE IN THIS SPACE						
8. The above	named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of FI	lorida. I am famili	ar with, and accept		
the obligat	tions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent and	State if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.				00 May Be ed to Fees					
10.	ÖFFIÇERŞ AND D	RECTORS				 	 -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, ANTONIO E 11919 SW TERRACE MIAMI, FL 33183								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000 01/19/05	0183712 -80078-01	9 150.00		
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT W	/RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME	, , , , , , , , , , , , , , , , , , ,								

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 embowered 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:

SIGNATURE AND TYPED DIFFRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayling Prince #

STREET ADDRESS CITY-ST-ZIP