2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Apr 28, 2005 08:00 AM

DOCU 1. Entity Nam SINTRIM	MENT # P00000023	888		Secretary of State		
1441 NW 4TH STREET		Mailing Address _1441 NW 4TH STREET BOCA RATON, FL 33486				
C	O NOT WRITE	IN THIS SPA	CE	() = 3 = 11 11 12 13 14 15 15 15 15 15 15 15	Chg-P CR2E	034 (10/03) Applied For Not Applicable
·	6. Name and Address of Current	Registered Agent	Control of the contro	5. Certificate of State	us Desired 🔲	\$8.75 Additional Fee Required
			And the second of the second o		OT WRIT	1
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 Squature, typod or printed name of registered agent and title if applicable. (NOTE Progressed Agent signature required when renistating) DATE						
Signature, typoid or printed name of registered agent and title if applicable. (NOTE Registered FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Prust Fund Contribution.			ncing _ \$5.	00 May Be	, DAIE	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD SINCHI, LUIS 1441 NW 4TH STREET BOCA RATON, FL 33486 TD SINCHI, BLANCA A 1441 NW 4TH STREET BOCA RATON, FL 33486	DIRECTORS		04	/28/05-80081	0 -017 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				., . –	OT WRIT	j
TILE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	certify that the information supplied 姚析	দিশুনান্য does not qualify for the exe	mption stated in Sec	ction 119.07(3)(i), Flori	da Statutes. I further ce	stify that the information
indicated on this report or supplemental report is fue ben 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 trusted empty of the 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 your all other like empowered.						

LUIS SINCHI, PRESIDENT

03/18/2005 (561) 620-0410