2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

1. Entity Nar	MENT # P000000552	281			
1	ce of Business 189TH STREET 33177	Mailing Address 12970 SW 189TH STREET MIAMI, FL 33177			
Ω	OO NOT WRITE			01112005 No Chg-P CR2E034 (10/03) 4. FEI Number	6
	EDUARDO 1 189TH STREET . 33177	_		DO NOT WRITE IN THIS SPACE	
8. The above the obliga	named entity submits this statement for the	e purpose of changing its registere	ed office or registere	red agent, or both, in the State of Florida. I am familiar with, and accept	1
SIGNATURE.	Signature, typed or billiod name of registered agent end	title if applicable. [NOTE, Registered	Agent signature required	d when reinstabing) DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		.00 May Be ded to Fees	
TO.	OFFICERS AND DIF	RECTORS			7
NAME STREET ADDRESS CITY-ST-ZIP	OTANO, EDUARDO 12970 SW 189TH STREET MIAMI, FL_33177	· · · · · · · · · · · · · · · · · · ·			}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OTANO, ROSA V 12970 SW 189TH STREET MIAMI, FL 33177			U00000326859 04/25/05-80016-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		one		<u>DO N</u> OT WRITE	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	7				
of the cor	on tols report of supplemental report is fru	e and accurate and that my signati.	tra chall have the co	oction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director. Florida Statutes; and that my name appears in Block 10 or Block 11 if	4
SIGNAT	URE: SIGNATURE AND TYPED OF PRINT	ED NAME OF SIGNING OFFICER OF DIRECTO	DR.	7-21-05 Date Daytime Prone 4	