2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2005 08:00 AM Secretary of State

Daytime Phone #

_	ANNUAL K	EPUKI			17, 2005 00.00
 Entity Nam 	UMENT # P0000085588 ame ERO MOYA CORPORATION			Secretary of State	
Principal Place of Business Mailing Address 6941 SUNSET STRIP 6941 SUNSET STRIP SUNRISE, FL 33313 SUNRISE, FL 33313					
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			CE	03062005 No Chg-P 4. FEI Number 65-1039833 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
MARRERO, JORGE 6941 SUNSET STRIP SUNRISE, FL 33313			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 like if applicable. NOTE Registered agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, JORGE 6941 SUNSET STRIP SUNRISE, FL 33313 SCC MOYA, MARIA 6941 SUNSET STRIP SUNRISE, FL 33313	CTORS		Unnon 03/17/05	0265177 0-80020-007 158.75
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. (hereby indicated	certify that the information supplied with this for on this report or supplemental report is true	illing does not qualify for the exe and accurate and that my slanat	mption stated in Seture shall have the	ection 119:07(3)(1), Florida Statules same legal effect as if made unde	s. I further certify that the information roath, that I am an officer or director
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this f I on this report or supplemental report is true proration or the receiver or trustee empowere , or on an attachment with an address, with a	illing does not qualify for the exe and accurate and that my signal d to execute this report as requi Il other like empowered.	mption stated in Se ture shall have the red by Chapter 607	action 118:07(3)(f), Florida Statutes same legal effect as if made under 7, Florida Statutes; and that my nar	s. I further certify that the information oath, that I am an officer or direct the appears in Block 10 or Block 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _