2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	e	# P000000912	95				And the Control of th	Jan 29, 2 Secre		08:00 of Stat	
Original Plans of Organization				Mailing Address			1	•			
Principal Place of Business				Mailing Address							
ONE PURLIEU PLACE SUITE #160			ONE PURLIEU PLACE SUITE #160								
WINTER PARK FL 32792-4405			WINTER PARK FL 32792-4405								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #. etc.				Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)	
City & State				City & State			4. FE	Number 59-367281	8	<u> </u>	plied For t Applicable
Zip	Country		Zip	Zip Cour		rtry	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Current	Register	ed Agent			7. Na	ame and Address of New I	legistered	Agent	
					Name						
ACEVEDO, WANDA 10757 BROWN TROUT CIR. ORLANDO FL 32825						Street Address (P.O. Box Number is Not Acceptable)					
						City	FL Zip Code				
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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
Signature, typed or printed name of registered agont 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 Make Check Payable to Florida Department of State								Election Campaign F. Trust Fund Contributi	~ ,		0 May Be I to Fees
10. OFFICERS AND I				DIRECTORS 11.				DITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	\$ IN 11
TITLE	D			☐ Delete	TITL	E		Ungqqaa:	21831	☐ Change	☐ Addition
NAME	ACEVEDO	, WANDA			NAM	IE		01/30/04-80			
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CITY-ST-ZIP	ORLANDO) FL 32825			CH	-SI-ZIP					
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NAME					NA	1					
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CITY-ST-ZIP	<u> </u>				- 1	r-ST-ZIP					- (
12. I hereby indicated	certify that the	ne Information supplied wi ort or supplemental report	th this filing is true and	g does not qualify for accurate and that	or the exi my signa	emption stated in S ature shall have the	ection 1 same le	19.07(3)(i), Florida Statutes egal effect as if made unde	. I further ce oath; that i	ertity that the i am an officer	ntormation or director
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 empowered 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.											

FILED