## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUMENT # P00000100274  - Intelligiation   Intelligiatio	ANNUAL KEPURI						Secretary of State				
### 215T TERRACE   ### 215T TERR	1. Entity Name						Sec	ictai	y OI K	race	
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2. Principal Place of Business   3. Mailing Address											
Suite, Apt. 4, etc.   Suite, Apt. 6, etc.   D1952005   Chg.P   CR2E034 (10/03)			,,,,,								
City & State	2. Principal P	Place of Business	3. Mailing Address								
Country   Size   Country   Size   Country   Size   Country   Size   Country   Size	Suite, Apt. #, etc					01052005	Chg-P	CR2E03	34 (10/03)		
S. Certificate of Status Desired   Fee Required   F	City & State					291		<del></del>			
Name	Zip			Goun	5. Certificate of Status Des		f Status Desired				
MARTINEZ, MANUEL B 8181 NW SOUTH RIVER DR. #D.443  MEDLEY, FL 33166  City FL Zip Code  The above named ontity 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  FILE NOW!!! FEE IS \$150,00  After May 1, 2005 Fee will be \$550,00  STREET NORSS  Trust Fund Contribution		6. Name and Address of Current		7. Name and Address of New Registered Agent							
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.  Signature:    Signature:   Signa					·						
8. The above named onlty submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am furnilier with, and accept the obligations of registered agent.  SIGNATURE    SIGNATURE     STATE						19 (1.10), DOX MURIDOR 19 NOT WEGSPIADIS)					
SIGNATURE    TILE NOW!!! FEE IS \$150.00   S. Election Campaign Financing Trust Fund Contribution   Date					City	, re-ex-solar		FL	Zip Code	9	
NOTE   Registrated Name of Language of particular terms of language	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.										
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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 eport 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.					i i						
	12. I hereby indicated of the corchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver or truffee emp or on an attachment with an address	n this filing does not qualify for true and accurate and that re owered to execute this report with all other like empowered	the exe ny signa as requi	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)(i), same legal effect , Florida Statutes	Florida Statutes. as if made under of and that my nam	I further certi oath, that I ar e appears in	fy that the in m an officer Block 10 or	formation or director Block 11 if	