## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # P00000108750  1. Entity Name OWENMILLS HOLDINGS CORP.					05-03-2005 90173 049 ***150.00				
Principal Place 1574 NW 82 MIAMI, FL 33	ND AVE.	Mailing Address 1574 NW 82ND AVE. MIAMI, FL 33126							
2. Principal Place of Business  11380 NW 36TH TERR 11380 NW 36TH  Suite, Apt. #, etc. Suite, Apt. #, etc.				_	04272005			4 (10/03)	
City & State		City & State			4. FEI Numb		UHZEU3	Ap	olied For
MIAMI Zip 33178	Country	MIAMI, FL Zip 33178	Country		65-105  5. Certificate	of Status Desired		8.75 Add	
33176	6. Name and Address of Current	US	7. Name and Address of New Registered Agent						
MASSARANI, MARCELO				Name					
1574 NW 82ND AVE. MIAMI, FL 33126				Street Address (P.O. Box Number is Not Acceptable) 957 NW 132ND AVE.					
				WIAMI FL Zip Goga 82					
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									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	<b>\$5.</b> Add	.00 May Be ed to Fees						
10.	OFFICERS AND		11.	T	ADDITIONS	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	MASSARANI, MARCELO 1574 NW 82ND AVE. MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7 NW 13 AMI, FI	2ND AVE. 33182	2	<b>K</b> Change	☐ Addition
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				· .	☐ Change	Addition
TITLE		☐ Delete	TITLE						Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
I indicated	certify that the information supplied wit d on this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an adpress,	ic true and accurate and that mu	eignatura chall	nava tha i	cama logal offo	et as if made under a	nath: that I ar	n an afficar	or director