FILED Jan 21, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					, 01-21-2005 90056 023 ***150.00			
1. Enlity Nam	MENT # P010000062 ojo, inc.	276						
Principal Plac	e of Business	Mailing Address					FARATA	
6907 12TH ST PETERSB	TERRACE N URG, FL 33710	6907 12TH TERR N ST PETERSBURG, FL 33710					5000507	8
2, Principal P	tace of Business Horth Ave. N. #, etc.	3. Mailing Address 640 4674 Suite, Apt. #, etc.	AVE N		(95)te zi ili #91	81 PRIS 88112 48112 881	# 6244 #519 EMS REN 18612 911	
Apr	# 74	APT # 74	<u> </u>	0117	22005	Chg-P	CR2E034 (10/03)	
City & Stat	^ 1	Citý & State KENNETH	City	1	El Number 59-36906	:01		piled For Applicable
Zip	Country	Zip	Country			Status Desired	\$8:75*Add	
337		33709	<u> </u>				Fee Require	1
	6. Name and Address of Current R	egistered Agent	Name	7. Na	ame and Ad	idress of New F	legistered Agent	
ARROJO, 6907 12TH ST PETER				565E ` Address (P.O. Bo 100 444		Not Acceptable		F
	named entity submits this statement for		. City K	FINERA	Cin			109
SIGNATURE.	Signature typed or winked name of registered agent and the NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai		\$5.00 M	ay Be	<u>ojo</u>	DATE	
10.	OFFICERS AND D	DIRECTORS	11.	. ADS	DITIONS/CH	ANGES TO DE	ICERS AND DIRECTOR	: N. 11
THEE NAME STREET ADDRESS CHY-ST-ZIP	D ARROJO, JOSE R 6907 12TH TERR N ST PETERSBURG, FL 33710	☐ Delate	TITLE MAME STREET ADDRESS CITY-S1-ZIP	D	50, 5 7		**Change J., APT #-7 ***38789	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-78P	-	□ Defete	TITLE NAME STREET ADDRESS GHY-ST-ZIP		·····	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS		Delete	TITLE - MAME_ STREET ADDRESS				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-2P TITLE NAME STREET ADDREST CITY-ST-ZIP			,	☐ Chinge	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES GIFY-ST-ZIP				☐ Charge	Addition
TITLE NAME STREET ADURESS CITY-ST-ZIP		€ Delsta	TITLE NAME STREET ADDRES GITY-ST-ZiP				☐ Change	Addition .
indicated of the co	certify that the information supplied with d on this report or supplemental report is proporation or the receiver or trustee empor s, or on an attachment with an address, w	true and accurate and that re wered to execute this report	my signature shall t as required by C	have the same to	egal effect a	is if made Under and that my nan	oath; that I am an office:	or director r Block 11 if