## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P01000008193  1. Enüty Name  FORMAL #1 OF DADE, INC.								Jan 29, 2005 08:00 AM Secretary of State				
	,, ,, ,,	,										
Principai Plac	e of Busines	3	Mailin	g Address			7					
8979 BIRD ROAD 8979 BIRD ROAD MIAMI FL 33165 MIAMI FL 33165												
Principal Place of Business     3. Mailing Address							<u></u>					
Suite, Apt	* oto	<u>v</u>	Cuit	Suite, Apt. #, etc.			-		BEIM BRIN SEIS.	INITED STREET STREET		
Suite, Apt.	. #, etc.		Suit	Galle, Apr. #, etc.			1	st MOORE	CR2E034		r was we set	
City & Stal	te			City & State			4. FEI Numi	65-1079943	3		Applied For Not Applicable	
Zip	Zip Country		Zip	Zip Coun			5. Certificat	e of Status Desired		\$8.75 A		
	6. Name	and Address	of Current Registere	n	Name	7. Name an	d Address of New R	egistered	Agent			
CASTRO, MAGGIE 8979 BIRD ROAD						Street Address (P.O. Box Number Is Not Acceptable)						
MIAMI FL 33165						L	<del></del>		<del></del>	****		
						City	<del></del>		FL	Zip Co	de	
	named entit		tatement for the purp	oose of changing its	s register	ed office or regi	stered agent, or b	oth, in the State of Flo		<u> </u>	n, and accept	
SIGNATURE	-	-				<u> </u>			- n		- <del></del> -	
0,0,4,1,0,1,2	Signature, typed	or printed name of re	gistered agent and title if app	plicable (NOT	E Registere	d Agent signature reci	(und when rematering)		3TAC			
After	May 1, 200	!! FEE IS \$1: 5 Fee Will Bo Florida Depa						9. Election Campa Trust Fund Con			5.00 May Be ded to Fees	
10.			CERS AND DIRECTO	PRS	11.		ADDITIONS	I S/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	VSD MCMIMUN 8979 BIRD MIAMI FL	ROAD		☐ Delete				U0000020 01/29/05-80	2805 006-00	☐ Change		
ĮĮTLE.	PTD			☐ Delete	TITL	E .				☐ Change	Addition	
NAME STREET ADDRESS CITY+ST+ZIP	CASTRO, MAGGIE 8979 BIRD ROAD MIAMI FL 33165					ME EET ADDRESS '-ST-ZIP						
TITLE	MAINTE	33100	<del></del>	Delete	Hit		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME Street address					NAN							
CITY - ST - ZIP			·		-	·ST-ZIP				<del></del> -		
TITLE NAME STREET ADDRESS				☐ Delete	IHL NAM STRI					☐ Change	Addition	
CITY-ST-ZIP						'-S1-ZIP					, <del>11</del>	
TIFLE NAME STREET ADDRESS DITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-71P				☐ Delete			<u></u>			☐ Change	Addition	
indicated of the co	d on this report reporation or di	rt or supplemen ne receiver or tr	ipplied with this filing ital report is true and ustee empowered to a address, with all out	accurate and that execute this report	my signa t as requi	emption stated in ture shall have t ired by Chapter	Section 119.07(3 he same legal effe 607, Florida Statu	f)(i), Florida Statutes, act as if made under tes; and that my nam	I further ce path; that I e appears I	rtify that the am an offici in Block 10	information er or director or Block 11 if	

FILED

Daytme Phone #