## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0100001111	13			50	creatly of State	
8090 W 23 AVE 8 BAY 1 B		Mailing Address  8090 W 23 AVE BAY 1 HIALEAH, FL 33016					
	O NOT WRITE I	N THIS SPA	\CE	01282005  4. FEI Number 65-1074  5. Certificate	No Chg-P r 4906 of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required	
SAKAL, SI 8040 W 23 BAY 1 HIALEAH,	LVANO		DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the lons of registered agent.  Signam lynks or printed have of registered agen and its	By 3 (OCTE Reyla	ided Agen algneture require	of when rahelading)	-	DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution	Trust Fund Contribution.		.00 May Be U00000343071 led to Fees 04/29/05-80080-011 150.00		
10.  INLE NAME STREET ADDRESS CIEY-ST-ZIP	OFFICERS AND DIRI DP SAKAL, SILVANO 8090 W 23 AVE BAY 1 HIALEAH, FL 33016	ECTORS					
ntle Name Street audness Cry-S1-Zip						. , ,	
NAME STREET ADDRESS CHY-ST-ZIP					NOT W	í	
name Stalei address City-St-Zip					THIS SF	ACE	
THEE NAME SHEET ADDRESS CITY-ST ZIP			- J., II., (31, 113	Callinatining 2	***************************************		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		90057 <u>5.7</u>		·	
12. I hereby of indicated of the corporated	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	filing does not qualify for the e e and accurate and that my sig ed to execute this report as re- all other like empowered.	exemption stated in Signature shall have the quired by Chapter 60	ection 119.07(3)(i same legal effec 7, Florida Statute	i), Florida Statutes. I t as if made under o s; and that my name	further certify that the information with; that I am an officer or director appears in Block 10 or Block 11 if	

04/26/05