2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P01000021	796					07-30-2004	4 90004 (025 ***15	50.00
Principal Place of Business Mailing Address 14024 NW 82 Avenue Miami Lakes, Florida 33016 Miami Lakes, Florida 33016				016		•	4050726			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07282004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State				4. FEI Number 65-1093			<u> </u>	oplied For of Applicable
Zip	Country	Zip	Zip Country			-	of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Pagistared Agent				7 Name and	Address of New R	enistered .		· ·
	o. Hame and Address of Correct	negiatered Agent	٠ د	Name		7. Raine allu /	Address of New I	icytstered i	-yent	
RAMOS	IORGE &	,	,	Name						
RAMOS, JORGE 14024 NW 82-Avenue				Street Address (P.O. Box Number is Not Acceptable)						
Miami Lal	kes, Florida 33016		,						•	
				City				FL	Zip Cod	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	s registere	ed office or	registere	ed agent, or both	i, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE.	á ,									
	Signature, typed or printed name of registered agent a									
	og allo e specie parte o registere again a	rio lile il applicable. (NO)	E: Registered	d Agent signatur	ne recinited	when reinstating)		DATE		
D	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campa Trust Fund Con	aign Finan		\$5.0	00 May Be d to Fees	In accordance v corporation did	with s. 607 not receiv	e the prior i	notice.
	LE NOWILI FEE IS \$150.00 ue by September 8, 2004 OFFICERS AND	9. Election Campa Trust Fund Con	aign Finan	ncing _	\$5.0	00 May Be d to Fees		with s. 607 not receiv	e the prior i	notice.
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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 report 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.

SIGNATURE:

, JORGE RAMOS