2904 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P01000441						
P.O. BOX 16	Principal Place of Business Mailing Address P.O. BOX 163456 WIAMI, FL 33116 MIAMI, FL 33116						
C	O NOT WRITE 6. Name and Address of Current Re	CE	04202004 No Chg-P CR2E034 (10/03) 4. FEI Number				
5647 HALI	S, JOHN W FAX LANE 'A, FL 34233	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and		d Agent signature require	ed when reinstating)	th, in the Stale of Fic	rida. I am famil	iar with, and accept
After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS				5.00 May Be ded to Fees			
NAME STREET ADDRESS CITY-ST-ZIP	PS FLETCHER, MICHAEL A P.O. BOX 163456 MIAMI, FL 33116				U00000 04/29/04-	137294	0 150 co
TITLE NAME STREET ADDRESS ' CITY-SI-ZIP					ህተለ <u>የ</u> ጋላ በት/二	ouuss-1) I	g 120°0A
TITLE NAME STREET ADORESS CITY-ST-ZIP				- 1	NOT W		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				IN ⁻	THIS SF	PACE	
INTLE NAME SIREET ADDRESS CITY-SI-ZIP							
Title Name Street address City-St-Zip							
12. I hereby of indicated of the corrections of the	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for the exerue and accurate and that my signate ered to execute this report as required to execute this report as required.	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3) same legal effect 7. Florida Statute	(i), Florida Statutes. I of as if made under c es, and that my name	further certify theath; that I am are appears in Blo	nat the information n officer or director ck 10 or Block 11 if