2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 12, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # P0100004623	1			Secreta	ny of State
Principal Place PO BOX 140 APOPKA, FL	D5 I	lailing Address PO BOX 1405 APOPKA, FL 32704		r anniumal lit wwine ciwil was	:	
L	OO NOT WRITE II	CE	01072004 No Ch 4. FEI Number 59-3714997 5. Certificate of Status D	g-P CR2E	Applied For Not Applicable \$8.75 Additional Fee Required	
SOTO, CH 85 JUSTIN APOPKA,	RISTINE DRIVE	DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. Signature, typed or printed name of registered agent and this if applicable (NOTE. Registered Agent agenture required when reinstating) DATE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees	• • • • • • • • • • • • • • • • • • • •	
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P SOTO, CHRISTINE 85 JUSTIN DR. APOPKA, FL 32712	CTORS		01/1	1006060022 3./04-8000	47 4-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT IN THIS		_
TITLE NAME STREET ADDRESS CHY-SI-ZIP						
TITLE MAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	3. 3. 3. 3.		
indicated of the cor	pertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ind accurate and that my signati If to execute this report as requir	ura shali have the s	ame legal effect as if made . Florida Statutes; and that i	under oath; that I my name appears	am an officer or director