2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

MIMM, FL 33131 2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. ER Number 7. Round and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name No. Name and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name 7. Name and Address of New Registered Agent Name Na	1. Entity Name	MENT # P0100005	58333					04-30-20	004 90334	F041 ***	·150.00
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Country Zip Country Zip Country S. Certificate of Status Desired S. S. Additional Fee Required	Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			01062004	Chg-P	CR2E034 (10/03)		
S. Certificate of Status Liberted Fee Required Fee Required Fee Required 7. Name and Address of Current Registered Agent MONTELLO, LOUIS 777 FRICKELL AVE Street Address (P-D. Box Number is Not Acceptable) Street Address (P-D. Box Number is Not Acceptable) City FL Zip Code City	City & State	9	City & Str	City & State				Applied For Not Applicable			
MONTELLO, LOUIS 777 RRICKELL AVE STEE 1070 MIAMI, FL 33131 City FL Zip Code 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 lamiliar with, and acceptable) SIGNATURE Signature Typed or proted mane of registered agent and title if applicable. (City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Signature Typed or proted mane of registered agent and title if applicable. (City FL Registered Agent speakure required when monocarcial) ACT FILE NOWILL FEE Is \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees Trust Fund Contribution. Delte Int. CALVO JOSE M SIRET ADDRSS OITY-51-2P MAMI, FL 33131 Delte Delte INE CALVO JUSEUS SIRET ADDRSS OITY-51-2P MAMI, FL 33131 Delte Delte INE CALVO JUSEUS SIRET ADDRSS OITY-51-2P INE MAME MAME	Zip	Country	Zip		Country		5. Certificate o	f Status Desired			
MONTELLO, LOUIS 777 BRICKELL AVE STE 1070 MIAMI, FL 33131 City FL Zip Code		6. Name and Address of Curre	ent Registered Ag	gent	Na	me	7. Name and A	Address of New R	egistered A	jent	
SITE 1070 MIAMI, FL 33131 City FL Zip Code											
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and access the diagnostic of registered agent. SIGNATURE Signature, speed or preter name of registered agent and the # explication. ONTE. Registered Agent square required when recessing) DATE	STE 1070										
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature to the obligations of registered agent and tall it applicable. WOTE Registered Agent sepretary required when reviewing DATE	IVIIAIVII, FL		Cit	у			FI	Zip Code	9		
SIGNATURE: Change Addit	8. The above	named entity submits this statemer	nt for the purpose of	of changing its rea	gistered off	ice or register	ed agent, or both	, in the State of Flo		miliar with, a	and accept
TITLE D CALVO, JOSE M STREET ADDRESS CITY-ST-ZIP MIAME STREET ADDR	After Ma	ay 1, 2004 Fee will be \$55	50.00 T		ution.	□ \$5.	ed to Fees	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
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