2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

TAMPA, FL 33629-6317 US TAMPA, FL 33629-6317 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Again the Country Again the Country Again the Country Tampa, FL 33629-6317 8. The above named entity submits this statement for the purpose of the obligations of registered agent Signature, tyced or printed name of registered agent and the it applicable FILE NOWILL FEE IS \$150.00 9. Ell	AN MIGUEL WES FL 33629-631 Address pt. #. etc. State gent of changing its	Country Name Street Ac City registered office or 21 A MAC Registered Agent signatur gn Financing	03062004 4. FEI Numbe 03-0419 5. Certificate of the control of t	Chg-P 9576 of Status Desired Address of New R AZTINEZ ir is Not Acceptable MIGUEL	\$8.75 Ac Fee Require legistered Agent - KIM WEST FL Zip Co 3367	Applied For Not Applicable dditional red
2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country Zip 6. Name and Address of Current Registered Ag HOLFELDER, MARY B 3805 SAN MIGUEL WEST TAMPA, FL 33629-6317 8. The above named entity submits this statement for the purpose of the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and the it applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Address pt. #, etc. State of changing its in the control of the	Country Name Street Ac City registered office or 21 A MAL Registered Agent signatur gn Financing	03062004 4. FEI Numbe 03-0419 5. Certificate of the control of t	Chg-P 9576 of Status Desired Address of New R AZTINEZ ir is Not Acceptable MIGUEL	CR2E034 (10/03) \$8.75 Ac Fee Requir Registered Agent - KIM WEST TL Zip Co	Applied For Not Applicable dditional red
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HOLFELDER, MARY B 3805 SAN MIGUEL WEST TAMPA, FL 33629-6317 8. The above named entity submits this statement for the purpose of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	of changing its r MAC In (NOTE:	City registered office or 21A MAL : Registered Agent signatur gn Financing	MARIA MA Jaress (P.O. Box Number JAN TAMPA registered agent, or both TINEZ · KIM re required when reinstating)	METINEZ Ir is Not Acceptable MIGUEL	- KIM ** WEST FL Zip Co. 3367	19.6317
3805 SAN MIGUEL WEST TAMPA, FL 33629-6317 8. The above named entity submits this statement for the purpose of the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	le. (NOTE:	City registered office or 21A MAL : Registered Agent signatur gn Financing	TAMPA registered agent, or boll required when reinstating) \$5.00 May Be	r is Not Acceptable	WEST FL Zip Co	19.6317
8. The above named entity submits this statement for the purpose of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	le. (NOTE:	City registered office or 2 1 A MAC : Registered Agent signatur gn Financing	registered agent, or both TINEZ · KIM re required when reinstating) \$5.00 May Be		FL Zip Co	19.6317
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After May 1, 2004 Fee will be \$550.00						
10. OFFICERS AND DIRECTORS			Added to Fees			
		11,	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	RS IN 11
TITLE DPT NAME MARTINEZ-KIM, MARIA	☐ Delete	TITLE NAME	SECRETA	RY	☐ Change	🔀 Addition
STREET ADDRESS 3805 SAN MIGUEL WEST		STREET ADDRESS				
CITY-ST-ZIP TAMPA, FL 336296317 TITLE DVS	kd n	CITY-ST-ZIP				
NAME HOLFELDER, MARY B	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS 3805 SAN MIGUEL WEST CITY-ST-ZIP TAMPA, FL 336296317		STREET ADDRESS CITY-ST-ZIP				
	☐ Delete	TITLE			☐ Change	☐ Addition
NAME		NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE	,		☐ Change	Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-ST-ZIP		CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing doe indicated on this report or supplemental report is true and acct	es not qualify for	the exemption state	ed in Section 119.07(3)(i), Florida Statutes.	I further certify that the	information

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR