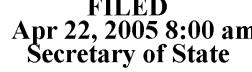
## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE;

## FILED Apr 22, 2005 8:00 am Secretary of State



DOCUMENT # P01000065565  1. Entity Name FIELDS PROPERTIES, INC.						04-22-2005	90313 033 ****1:	
Principal Place of Business		Mailing Address		1		5004	2917	
333 NE 8TH STREET HOMESTEAD, FL 33030		333 NE 8TH STREET Homestead, FL 33030						11 <b>45</b> 1 11 1 <b>47</b> 1
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number			oplied For	
Zip Country		Zip Count			APPLIED FOR		\$9.7E	of Applicable
210	·	·	0.7		5. Certificate of		Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and A	ddress of New R	egistered Agent	
PASTRAN, RAUL E			Street Address (P.O. Box Number is Not Acceptable)					
333 NE 8TH STREET HOMESTEAD, FL 33030			Olicet Flacions	( .o. Box / Idinos	·	·/		
				City			FL Zip Coo	le
8. The above named entity submits this statement for the purpose of changing its register.				ered agent, or both	in the State of Flo	,	and accept	
	ons of registered agent:			-	•			
SIGNATURE Skipature, hypod or grinted name of registated agent and late if applicable. (NOTE Royllstered Agent skipature reported when reinstituting) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DI	 RECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PT NASOST WIND	☐ Delete	ITIL	<b>I</b>			☐ Change	☐ Addition
NAME STREET AODRESS	A.		NAM Stre	ET ADDRESS				,
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY	-ST-ZIP				
TITLE NAME	VS PAEREZ, LUZ DE	☐ Delete	TITL! NAM	I			Change	Addition
STREET ADDRESS	333 NE 8TH STREET			ET ADDRESS				
-: CITY-ST-ZIP:	-HOMESTEAD, FL-33030		CIIY	-ST-ZIP.				<del></del>
TITLE NAME		☐ Delete	FIIL	l l			☐ Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	·		ÇITY	-\$1-ZIP	······································			
THE		☐ Delete	FILL	1			Change	Addition
STREET ADDRESS				ET ADDRESS	,			
CITY-ST-ZIP			CHIA	-ST-ZIP				
THLE		☐ Delete	TITU	1			Change	☐ Addition
NAME STREET ADORESS			NAM STRE	ET ADDRESS				
CHY-ST ZiP				-\$(-ZIP				
HILE		☐ Delete	TITL	1			☐ Change	Addition
MAINE CHALL LANDOUGE			NAM	E ADURESS				
STREET ACCIDESS CHY+ST-21P				· ST-ZIP				
12. I hereby of indicated	entily that the information supplied with the on this report or supplemental report is to poration or the regaliver of lystee empoy	nis filing does not qualify to up and accyrate and that i	r the exe my signa	mption stated in Sture shall have the	ection 119.07(3)(i) same legal effect	Florida Statutes. I as if made under r	I further certify that the i	information r or director