2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # P010000693			50	Cictary	y of Stat	
Principal Place 8360 WEST I SUITE 200 MIAMI, FL 3	FLAGLER ST	Mailing Address 8360 WEST FLAGLER ST SUITE 200 MIAMI, FL 33144		} 	X 8 7 8 1 8 7 1 8 7 1 8 8 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1) Faiir a fin a faist iiir	1) #1))11 (1)#100 (1) (1)
DO NOT WRITE IN THIS SPA			4. I Ci i dingei				0/03) Applied For Not Applicable 75 Additional
8360 WES SUITE 200 MIAMI, FL	33144	DO NOT WRITE IN THIS SPACE ared office or registered agent, or both, in the State of Florida Tam familiar with, and accept					
SIGNATURE_	Signature, typed or printed name of registered agent and	ude if applicable (NOTE Register) 9. Election Campaign Fina	ed Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00			ed to Fees			
10. TITLE NAME STREET ADDRESS SI ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP	OFFICERS AND DI PD VALERIO, RUBENS A 8360 WEST FLAGLER ST SUITE : MIAMI, FL 33144				NOT W	RITE	: 19.6
TITLE			1				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes I further certify that the information indicated on this report or supplemental report is must and accurate and that my signature shall have the same legal effect as if made under oath, that Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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