## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P010000698	330			50	crotary	or State
	e of Business DIXIE HIGHWAY FL 33009	Mailing Address 8D1 NORTH DIXIE HIGHWAY HALLANDER, FL 33009		-		•	
		**	-				
r	O NOT WRITE	^F	04222005	No Chg-P	CR2E034 (1	0/03)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 65-1132682			Applied For Not Applicable
	6. Name and Address of Current Re	olistored Accept		5. Certificate	of Status Desired	□ \$8.7	<b>'5</b> Additional Required
CAJIGA, L 801 NORT HALLAND		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 filling applicable.  INOTE Registered Agent signature required when rehistanting.							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							
10. HILL NAME SIREEI ADDRESS CHY ST ZIP THEE NAME SIREET ADDRESS CHY-ST-ZIP	OFFICERS AND DI PVST CAJIGA, LUIS 801 NORTH DIXIE HIGHWAY HALLANDER, FL 33009 D CAJIGA, LUIS 801 NORTH DIXIE HIGHWAY HALLANDER, FL 33009	RECTORS	-	· · · · · · · · ·	- U00000 04/28/05-	03386 <b>8</b> 4 -80046~00	98 150 <b>.</b> 00
HILE NAME SIREEI ADDRESS CHY ST. ZIP	MALLANDEN, FL 33009			DO	NOT W	RITE	
THLE NAME STREET ADDRESS CHY ST-ZIP		, - 1 - <del>V</del>	in ag	IN 7	THIS SP	ACE	
TITLE NAME SIREET ADDRESS CITY ST-ZIP		·			-	÷ .	
THLE NAME STREET ADDRESS GITY ST ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(f). Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR DIRECTOR							