2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2004 08:00 AM Secretary of State

DOCUMENT # P0100		
Principal Place of Business 1200 SW 127TH COURT MIAMI, FL 33184	Mailing Address 1200 SW 127TH COURT MIAMI, FL 33184	-



DO NOT WRITE IN THIS SPACE		~	07012004 No Chg-P CR2E034 (10/03)						
		4. FEI Number 65-1144815				Applied For Not Applicable			
			- 50	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current Rec	istered Agent							
DIAZ, WILLIAM 1200 SW 127TH COURT MIAMI, FL 33184		DO NOT WRITE IN THIS SPACE							
8. The above the obligat	named entity submits this statement for the	e purpose of changing its registere	d office or regi	stered agent, or bo	th, in the State of Fig	orida. I am	familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and t	ille if applicable (NOTE Registered	Agent signature req	uired when reinstating)	<u> </u>	DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance corporation did	with s. 601 not receiv	7.193(2)(b), F.S., the ve the prior notice.		
10.	OFFICERS AND DIF	RECTORS	1 ·						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIAZ, WILLIAM 1200 SW 127TH COURT MIAMI, F; 33184						l		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000163484 07/07/04-80003-019 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RIT	E		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SF	PACI	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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 true 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:

NAME STREET ADDRESS City - ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE O

WILLIAM DIAZ

07/01/04 Daylind Phone