2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 19, 2005 8:00 am Secretary of State

Mailing Address 1700 SW 57TH AVE 1700 SW 57TH	1. Entity Nam	е .	# P01000097					04-19-2005	5 90397	044 ***1:	50.00			
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2. Principal Place of Business 3. Malling Address 61.5 West Park Dr. 61.5 West				=	-							OģO		
2. Principal Place of Buginess 615. West Park Dr. 616. West Park Dr. 617. Name and Address of New Registered Agent 7. Name Maria R. Paz Silved Address (P.O. Box Number is Not Acceptable) 615. West Park Dr. 616. West Park Dr. 617. West Park Dr. 618. West Park Dr. 618. West Park Dr. 618. West Park Dr. 619. West Par	214			214						•				
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615 West Park Dr.	2. Principal Place of Business 3. Mailing Address						_							
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# 205	Suite, Apt. #, etc.						04152005 Cha-P CP2E024 (10/02)							
Miami, FL														
20					172					 				
6. Name and Address of Current Registered Agent PAZ, MARIA 1700 SW 57TH AVE, STE 214 MIAMI, FL 33155 8. The above named entity submits this statement for the purpose of changing its registered Agent and projected agent, or both, in the State of Fiorida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD PAZ, MARIA R SIRET AUGRESS OTT-51-2P ITILE Obelde ITILE Obelde ITILE Obelde ITILE Obelde ITILE ONAL SIRET AUGRESS OTT-51-2P ITILE Obelde Obelde OTT-51-2P ITILE						TV.		00-1102	.003					
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Maria R. Paz Street Address (P.O. Box Number is Not Acceptable)	33172	6. Name		Registered Agent	I		7. 1	Name and	Address of New R	egistered a	Agent			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)						Name Maria R. Paz								
MIAMI, FL 33155 615 West Park Drive # 205 City Miami, FL 32 DCode Niami, FL 33157 2 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 lambiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyest or printed many of registered agent and rise if applicable. NOTE Registered Agent dipnature required agent, or both, in the State of Florida. I am lambiar with, and accept the obligations of registered agent. FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 8. Election Campalon Financing \$5500 May Be Added to Piece Addition Name STRET ADDRESS CITY-ST-2P														
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12. I hereby certify that the information supplied with this filing 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 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 trustep empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	12. I hereby	certify that th	e information supplied with	this filing does not qualify for the	he exer	mption stated	in Section	119.07(3)(6)	. Florida Statutes	I further co	rtify that the in	oformation		