2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P01000108					03-18-2005	90071 017 ***1	50.00
Principal Place of Business 6701 N W 7 ST MIAMI, FL 33126		Mailing Address 7513 LOCH NESS DRIVE HIALEAH, FL 33014			\		50027	685
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032005	Chg-P	CR2E034 (10/03))
City & State		City & State		4. FEI Number 65-1154		J	pplied For lot Applicable	
Zip Country		Zip	Country			f Status Desired	S8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered Agent	
MEDINA, LUIS A 7513 LOCHNESS DR. MIAMI LAKES, FL 33014				Street Address	(P.O. Box Number	is Not Acceptable	e}	
				City	***************************************	***************************************	FL Zin Co	de
8. The above named entity submits this statement for the purpose of changing its reg				red office or registe	ered agent or both	in the State of Fi		and accent
the obligat	tions of registered agent.						DATE	
SIGNATURE.	*Signature, typed or printed numb of registered agent		OTE: Registers	eo Agent signature reauli	ed when renatating)		DATE	 :
· After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Carr	paign Final ontribution.		5.00 May Be Ided to Fees		٠ د. ا	
10. 14.1	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	RS IN 11
1866	D	☐ Dalete	IIIL	£			Change	☐ Addition
NAME	MEDINA, LUIS A		NAN	Æ				
STREET ADORESS	7513 LOCHNESS DR.		STR	eet adoress				
CHY-SF-ZIP	MIAMI LAKES, FL 33014		CHA	V- ST - ZIP				<u>.</u>
TITLE	D	Dalate	TITL	E			☐ Change	Addition
NAME	MEDINA, BERTA E		NAN					
STREET ADURESS				eet aderess				
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181.6	1	. Delete	10),	.E			Change	Addition
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STREET ADORESS CITY+ST+ZIP				EET ADORESS Y-ST-ZIP				
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CITY+ST+ZIP TITLE NAME		☐ Defete	STR	eet address y-st-zip .e			☐ Change	Addition
TITLE		☐ Defete	STR CITY TITL NAM	eet address y-st-zip .e			☐ Change	Addition
TITLE NAME		☐ Detete	STR GTD THTL NAM STR	eet address y-st-zip .e Me		. 21	□ Change	Addition
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TITLE NAME STREET ADDRESS	The state of the s	☐ Delete ☐ Delete ☐ Delete ☐ Collete ☐ Collete ☐ Collete ☐ Collete	STR OTH NAA SIR GITH	EET ADDRESS Y-ST-ZIP E ME HET ADDRESS Y-ST-ZIP	Compagned (CD)	· 27 • 39.		
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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.

GNATURE:

| Signature And Topic Office (Statutes) | Signature And Topic Office (Statutes) | Signature And Topic Office (Statutes) | Signature (Statutes) | Statutes) | Signature (Statutes) | Statutes) | Signature (Statutes) | Statutes) | St

SIGNATURE: