## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 91287 010 \*\*\*150.00

DOCU	MENT # P01000111	984		o Willy		secret	ary	01 <b>S</b> t	aie
1. Entity Nam			:			04-26-2004	4 91 287 (	010 ***15	50.00
Principal Plac	e of Business	Mailing Address							
8004 NW 15		8004 NW 154 STREET							
# 285 MAMITAKE	S, FL 33016	# 285 Miami Lakes, fl 3301	16						
		INDAMI EARLS, I'L 330							
739	<del></del>	3. Mailing Address 7395 N	w;	355f					
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	FL	~	04152004	Chg-P	CR2E(	034 (10/03)	
City & Stat	77-	City & State			4. FEI Number			<u> </u>	plied For
Zip	Country	33122 Zip	Count		65-1135	4/4		\$8.75 Add	t Applicable
ΣIP	Country	2.5	Count	.9	5. Certificate of	f Status Desired		Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New I	Registered	Agent	
HERRER/	A. DANILO		Ĺ	Name					
8004 NW	154 STREET			Street Address	s (P.O. Box Number	is Not Acceptab	le)		
# 285 MIAMI LAI	KES, FL 33016	•	F	<del></del>	<del></del>				
	,,,		}	City			FL	Zip Cord	e
	named entity submits this statement for	the ourness of changing its	renietere	d office or registe	tered agent, or both	in the State of E		familiar with	and accept
A The above	thanks entry submits the statement for	the purpose of changing its	, iconsicio	a onice or regist	tered agent, or bear	, in the diate of t	onua. Tani	ISLINICH MITTIÉ	and accept
	tions of registered agent.			,					
the obliga	ŭ ŭ			,					
	ŭ ŭ	and little if applicable. (NOT	É: Registered	d Agent signature requir	ired when reinstating)		DATE		
the obliga		A Flanke Com-	ign Financ	cing _ <b>\$</b>	5.00 May Be		DATE		
the obliga SIGNATURE.	Signature, typed or printed name of registered agent a  E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont	ign Finand tribution.	cing _ <b>\$</b>	5.00 May Be dded to Fees	HANGES TO OF		DIRECTOR	S IN 11
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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 trial 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 feport 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: \_

SIGN, AURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 (305) 499-9240