2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 91224 018 ***150.00

DOCUMENT # P01000116958 1. Entity Name



-J.W.H.KESTAUKAI	NT MANAGEMENT	GROUP INC.			
Principal Place of Business 19575 BISCAYNE BLVD SP# 1409 AVENTURA, FE 33180		Mailing Address 13920 SW 104 AVE MIAMI, FL 33176		24066932	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012004 Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Number 01-0567077	Applied For Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name	and Address of Current I	Registered Agent		7. Name and Address of New F	legistered Agent
SINGLETARY, JIM 13920 SW 104 AVE MIAMI, FL 33176	76 1 79 1 1 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name Street Address	(P.O. Box Number is Not Acceptable	e)
a programme	in Dan in in Charles	and the same	City		Zip Code
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisitating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be -Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFF	
TITLE D	ADV UM	Delete	TITLE		☐ Change ☐ Addition
NAME SINGLETA STREET ADDRESS 13920 SW			NAME STREET ADDRESS	2 P.O. P.	
CITY-ST-ZIP MIAMI, FL	. 33176	egs · · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	Monce	/ / /
TITLE Description	, , , ,	☐ Delete	TITLE	QW 8681-600	Change
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	TLE PALM LANE TON, FL 33176		STREET ADDRESS CITY-ST-ZIP	1 A MAN	1 2 2427
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NAME MILLER, E	DWARD R 139 TERRACE . 33156		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME SZDSZZ 1999SSS			NAME CONTEST ADDRESS		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP		`.
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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 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					

THE PER PROPER CORPORATION