


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000117383	
1. Entity Name BY SELLER CORP	

Principal Place of Business 7822 SW 99TH STREET MIAMI, FL 33156	Mailing Address 7822 SW 99TH STREET MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SABLON, MAYDA B 7822 SW 99TH STREET MIAMI, FL 33156

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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: _____ <small>Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent's signature required when reinstating)</small>	DATE: _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000022805 01/30/04-80059-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SABLON, MAYDA B 7822 SW 99TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SABLON, RICHARD 7301 NW 41 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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)(f), 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:  MAYDA SABLON <i>Officer</i>	Date: 1/27/04	Daytime Phone #: 786-326-7495
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		