2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FILED
Jan 24, 2005 08:00 AM
Secretary of State

1. Entity Nam	MEN! # PUZUUUUU53	40		
18470 SOUTHWEST 4TH STREET		Mailing Address 18470 SOUTHWEST 4TH STRE PEMBROKE PINES, FL 33029	ET	
DO NOT WRITE IN THIS SPAC			01192005 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent				
KROHN, MARIA R 18470 SW 4TH STREET PEMBROKE PINES, FL 33029				DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and site if applicable (NOTE, Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.		noing \$5	5.00 May Be ded to Fees	
10.	OFFICERS AND DI	REÇTORS ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KROHN, MARIA R 18470 SOUTHWEST 4TH STREET PEMBROKE PINES, FL 33029	· -	·	
NAME STREET ADDRESS CITY-ST-ZIP	TD KROHN, SIDNEY 18470 SOUTHWEST 4TH STREET PEMBROKE PINES, FL 33029			
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE				

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: Davie Colonia MARIA R. KRAHN Prosident 1-21-05 954-4477827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #