2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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DOCUI  1. Entity Nam HIGH DE				R 25 Ai	10:58		:O:						
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Principal Place of Business 10072 E. BAY HARBOR DRIVE SUITE 72-B BAY HARBOR ISLAND, FL 33154 US				ailing Address 0072 E. BAY HARBO UITE 72-B	54 US	SEL	RE LESE	IO: 20	SECRL IAS	SEE, FL	ORIDA		
2. Principal Place of Business				Mailing Address									
Suite, upt. #. etc.				Suite, Apt. #, etc.			03132004	Chg-P	CR2E03	4 (10/03)			
City & State			City & State					4. FEI Numbe 75-300			<u> </u>	lied For Applicable	
Zip	Country		Zip Co		Coun	ntry		5. Certificate	of Status Desired		8.75 Addit ee Required	ional	
6. Name and Address of Current I				legistered Agent			7. Name and Address of New Registered Agent						
ORTEGA, JUAN M						Name							
7510 MARDING AVENUE #5 MIAM#3EACH, FL 33141							Street Address (P.O. Box Number is Not Acceptable)						
•										_			
"		City				FL	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 lamiliar with, and accept the obligations of registered agent.													
SIGNATURE Signature, yield or printed year of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE													
Signature, typed or printed 2 per or registered signat and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE													
Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees													
\$0.		OFFICERS AND	DIRE	CTORS	11.			ADDITIONS/	CHANGES TO O	FFICERS AND I	DIRECTORS	IN 11	
TITLE	PD		☐ Delete							☐ Change	Addition		
NAME STREET ADDRESS		), JUAN C RDING AVENUE #5		NAME Street			10072 E. BAY HAMBON DN STE 72-						
CITY+ST-ZIP		ACH, FL 33141				-ST-ZIP	B My HATBOR ISLAND, FL 33,					22	
TITLE	VD			☐ Delete	TITU	TITLE					Change	Addition	
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CITY-ST-ZIP	l l			CIT			MONTH MINN: BEUCH PL 33179					179	
TITLE	SD			☐ Delete	TITL	E	☐ Change ☐ Addition					Addition	
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CITY-ST-ZIP				CIT			BI	ا جا کا کا کا	on Bu	md R	33/1	~4	
TITLE	TD			☐ Delete	TITL	E	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME STREET ADDRESS	1	OLI, ANTONIO RDING AVENUE #5			NAM	te Eet address	/ 2.	NE	2711 Ami	CANDO	es or	780x W	
CITY-ST-ZIP	1	EACH, FL 33141				'-ST-ZIP	1	CONTH 1	20003 20003 29/040	Be sen.	F 3 2	.725	
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STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '- St-zip		U.S.	^ Z3/ U4****U	110000	ነ	1.23	
TITLE				☐ Delete	TITL	Ē					☐ Change	Addition	
NAME					NAM								
STREET ADDRESS CITY-ST-ZIP	}					EET ADDRESS (+ ST+ZIP							
<u> </u>	L certify that th	e information supplied with	this i	filing does not qualify fo			ted in Se	ection 119.07(3)	(i), Florida Statute	s, I further certi	fy that the inf	ormation	
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 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 SECOND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days Prone *													
SIGNAL		SIGNATURE AND THE OR	PRINTE	D NAME OF SIGNING OFFICER	OR DIREC	TOR		·	Date	Da	ytme Phone #		

