2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90312 036 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. O4182005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Addiffer Required Fee Required ABRAMSON, EDWARD J ESQ. 7270 NW 12TH STREET S80 MIAMI, FL 33126 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-S1-ZIP MIAMI, FL 33155 IIILE Change Chan	olied For Applicable tional
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABRAMSON, EDWARD J ESQ. 7270 NW 12TH STREET 580 MIAMI, FL 33126 City FL Zip Code 8. The above named entity submist his statement for his purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent, or both, in the State of Florida. I am familiar w	
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12. I hereby certify that the information supplied with this filling does not attailify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the initial cated on this report or supplemental report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an appears in the empowered.	or director
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone I	