2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| Signature   Country   Zip   Country   Somewhare of Status Desired   \$8.75 Additional Fee Required   See Requi  | 10711 SW 104 ST. MIAMI FL 33176  2. Principal Place of Business   | 10711 SW 104 ST.<br>MIAMI FL 33176  |   | <del>-</del>  |
|--|---|-------------------------------------|---|---|
| 10711 SW 104 ST. MIAMI FL 33176  2. Principal Place of Business.  3. Mailing Address  Suite, Apt. #, etc.  Suite,  | 10711 SW 104 ST. MIAMI FL 33176  2. Principal Place of Business   | 10711 SW 104 ST.<br>MIAMI FL 33176  |   |   |
| 2. Principal Place of Business.  3. Mailing Address  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  1st MOORE  CR2E034 (10/04)  Applied For Not Application of Post Additional Fee Required  6. Name and Address of Current Registered Agent  Name  NACCARATO, NAT  CAT NACCARATO & ASSOCIATES, P.A.  10711 SW 104 ST.  MIAMI FL 33176  City  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 agent, or both, in the State of Fiorida. I am familiar with, and acceptable of the chilipations of registered agent.  SIGNATURE  Signature, typed or presed terms of registered and tide if applicable in NOTE. Registered Agent signature required when membastrep?  9. Election Campaign Financing Trust Fund Contribution. Added to Fees Address Payable to Florida Department of State   | 2. Principal Place of Business  |                                     |   |   |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  1st MOORE  CR2E034 (10/04)  Applied For Not Applied  |   |                                     |   |   |
| City & State  Country  Type  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  Fee Required  Fee Required  Fee Required  Name  NACCARATO, NAT  CAT NACCARATO & ASSOCIATES, P.A.  10711 SW 104 ST.  MIAMI FL 33176  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed from of registered agent and tide if applicable  (MOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  Applied For Not Application  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (MOTE Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May B.  Added to Fees  | Suite, Apt. #, etc.   | 3. Mailing Address                  |   |   |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  NACCARATO, NAT CAT NACCARATO & ASSOCIATES, P.A. 10711 SW 104 ST. MIAMI FL 33176  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE Signature, typed or privided frame of registered agent and take if applicable (NOTE Registered Agent signature required when reinstating)  PATE  PLE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State   |   | Suite, Apt. #, etc.                 | <u> </u>  | 1st MOORE CR2E034 (10/04)                                       |
| 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  NACCARATO, NAT  CAT NACCARATO & ASSOCIATES, P.A.  10711 SW 104 ST.  MIAMI FL 33176  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signalure, typed or printed name of registered agent and tide if applicable  (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  | City & State  | City & State                        |   | 4. FEI Number 43-1963210 Applied For Not Applied For            |
| 6. Name and Address of Current Registered Agent  NAME  NACCARATO, NAT CAT NACCARATO & ASSOCIATES, P.A. 10711 SW 104 ST. MIAMI FL 33176  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed terms of registered agent and title if applicable  NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  Added to Fees   | Zip Country   | Zip                                 | Country   |   |
| NACCARATO, NAT CAT NACCARATO & ASSOCIATES, P.A. 10711 SW 104 ST. MIAMI FL 33176  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Typed or printed harre of registered agent and title & applicable  (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  \$5.00 May Be Added to Fees  | 6. Name and Address of Cur  | rent Registered Agent               |   |   |
| CAT NACCARATO & ASSOCIATES, P.A. 10711 SW 104 ST. MIAMI FL 33176  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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed traine of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  | NACCARATO, NAT  |                                     |   |   |
| 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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Speakure, typed or printed harme of registered agent and take if applicable (NOTE Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  Added to Fees   | CAT NACCARATO & ASSOC   | CIATES, P.A.                        | Street Addres   | ss (P.O. Box Number is Not Acceptable)                          |
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| the obligations of registered agent.  SIGNATURE    Signature   Sig |   |                                     |   | <b>Г</b> '∟   |
| After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  Added to Fees   | SIGNATURE   | tagent and title it applicable (NOT | TE Registered Agent signature requ  | jurod when reinstating) DATE                                    |
|  | After May 1, 2005 Fee Will Be \$55  | 50.00                               |   |   |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   | _ <del></del>                       | ·   |   |
| UTLE PSTD Delete TITLE Change Addition   |   | ĹĹ Delete                           |   | Change Additio  |
| STREET ADDRESS 10711 SW 104 ST.   STREET ADDRESS   CITY-ST-ZIF   MIAMI FL 33176   CITY-ST-ZIP  | STREET ADDRESS 10711 SW 104 ST.   |                                     | STREET ADDRESS  |   |
| — · · · · · · · · · · · · · · · · · · ·  |   |                                     | <del></del>   |   |
| STREET ADDRESS 05/05/95-80081-021 150.00   |   | ☐ Delete                            |   | ☐ Change ☐ Additlo  |
|  | TITLE NAME STREET ADDRESS   | ☐ Delete                            | NAME<br>STREET ADDRESS  |   |
| NAME   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                     | NAME<br>STREEL ADDRESS<br>CITY - ST - 31P   | 000000361558<br>05/05/05-80081-021 150.0D                       |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

FILED

(305) 598-2276

Daytme Phone #