

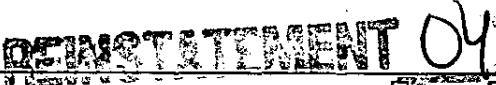
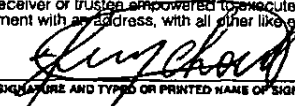


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000027918 1. Entity Name SINGER MIAMI, INC.						FILED 04 DEC -2 PM 4: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2 S MIAMI AVE MIAMI, FL 33130				Mailing Address 2 S MIAMI AVE MIAMI, FL 33130			
2. Principal Place of Business		3. Mailing Address				09012004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 73-1636784				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 CHAVEZ, HENRY 2 S MIAMI AVE MIAMI, FL 33130				7. Name and Address of New Registered Agent Name _____ 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 familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAVEZ, HENRY			NAME			
STREET ADDRESS	2 S MIAMI AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33130			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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:  **09/06/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone if

Nov. 20th 2004

Corporation. PO2000027918

To Whom It May Concern:

The purpose of this letter is to state that the reason why we fail to submit the report appropriately is because we didn't receive the blank form to file due to change of address.

Letter N° 104A00059989

Sincerely yours

