**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE (X

DOCUM 1. Entity Name DANDY EI				Feb 02, 2004 08:00 AM Secretary of State											
Principal Place	of Business	<del></del>	Mailing	g Address		40 42	-								
2400 NW 36	TH ST.	2400	2400 NW 36TH ST. MIAMI FL 33142												
MIAMI FL 33	1142		WINIM	II FL 33142				3 8WW))	<b>20</b> : 24 <b>22</b> :2	18 <b>4</b> 11 <b>44</b> 111 <b>4</b>	:Eist 861)) I		<b>1011 10110 19</b> 38		S SEE
2. Principal Pl	ace of Busine	3. Mail	3. Mailing Address												
Suite, Apt. #. etc.			Suite, Apt #, etc.				-	1 1223	MOOR	HE SEWS	CR2	2E034	(11/03)	(88133)	· IS SMMS
City & State			City & State				4. F	FEI Numbe						Applie	ed For
				Zip Country			37-7426540 Not Applicable  5 Certificate of Status Desired S8.75 Additional								
43p	Zip Country					u y	5. Certificate of Status Desired  Fee Required  7. Name and Address of New Registered Agent					ired	nai		
	6. Name a	and Address of Curre	nt Registere	d Agent		Name	7. 1	Name and	Address	s of Nev	v Regis	tered /	Agent		<del></del> -
GARCIA, FRANCISCO J 2240 SW 89TH CT MIAMI FL 33165						Street Address (P.O. Box Number is Not Acceptable)									
e .	1 2 3 3 .					City			<del> ,</del>	<del> </del>	<del></del>	FL	Zip C	ode	<del></del> .
		submits this statemen	t for the purp	ose of changing it	s register	ed office or regist	tered ag	gent, or bol	th, in the	State of	Florida		familiar wi	h, an	d accept
the obligate	ons of registe	red agent.								•					F <sub>2</sub> ·
SIGNATURE.	Signature typed o	orinted name of registered ag	gan k egit due trag	olicable (NO	TE. Pogistere	ed Agent signature requi	ned when re	roinstating)				DATE			<del></del>
After	r May 1, 200	FEE IS \$150.00 4 Fee will be \$550.0			<del></del> .	-			ection Ca ust Fund			ing [	\$5 □ Add	.00 ded to	May Be Fees
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12. I hereby indicated of the co-changed		e information supplied t or supplemental refor ne receiver or trustifield administration with an administration	Whithis filling is true and howered to sa, with all of	g does not qualify I accurate and that the execute this repo ther like empowers	for the ex it my sign on as requ ed.	emption stated in ature shall have the aired by Chapter (	Section he same 607, Flo	n 119,07(3) e legal effe orida Statut	)(i), Floric ict as if n les, and l	fa Statu nade un ihal my	tes. I fu der cati name a	rther ce n; that f ppears	artify that the am an off in Block 1	ne info icer o O or E	ormation r director Block 11 if

AND TO PED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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