2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 08:00 AM Secretary of State

| ANNUAL REPORT | | | | | Teb 20, 2005 00:00 | | |
|---|--|---|-------------------------------|-----------------------------------|-------------------------|--|--|
| 1. Entity Nam | MENT # P0200005099 | 98 | | | S | ecretary of Stat | |
| Principal Place 8277 SW 12 MIAMI, FL 3 | 28TH ST. | Mailing Address 8277 SW 128TH ST. MIAMI, FL 33156 | | | | | |
| C | OO NOT WRITE I | | CE | 02092005 4. FEI Numb NOT AI | No Chg-P | CR2E034 (10/03) Applied For Not Applicabl \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALVARO, VICTOR M 8277 SW 128TH ST. MIAMI, FL 33156 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | e named entity submits this statement for the tions of registered agent. Signature Typed or printed name of registered agent and to | | | gistered agent, or bo | th, in the State of Flo | orida. I am familiar with, and accept | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | | | |
| 10. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIR DPS ALVARO, VICTOR M 8277 SW 128TH ST. MIAMI, FL 33156 | ECTORS | | | U00000 03/01/65- | 247096 80005-301 188.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | NOT W THIS SF | | |

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 certify 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:

TIFLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TIFLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F16 24, 2005 305 23 5 8387

Daytime Pho