2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P02000073281 1. Entity Name 750 CURTISWOOD CORPORARTION				04-30-2004 90247 002 ***150.00
Principal Place of Business Mailing Address 1221 BRICKELL AVE #1590 1221 BRICKELL AVE MIAMI, FL 33131 MIAMI, FL 33131			#1590	
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt, #, etc.		01162004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 02-0655521 Not Applied ble
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent	1	7. Name and Address of New Registered Agent
	PEDRO A ESQ. CKELL AVE #1590 33131	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	٠	Address (P.O. Box Number is Not Acceptable)
:		<u> </u>	City	FL Zip Code
the obligat SIGNATURE	tions of registered agent.		s registered office of	or registered agent, or both, in the State of Florida. I am familiar with, and accept
-	Signature, typed or printed name of registered agen	t and little if applicable. (NC	TE: Registered Agent signat	iture required when reinstating) DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Cor		\$5.00 May Be Added to Fees
TITLE	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BERDICHERSKY, ANDREA 1221 BRICKELL AVE ST 1590 MIAMI, FL 33131	rank/heigie	NAME STREET ADDRESS CITY-ST-ZIP	;
TITLE "NAME STREET ADDRESS CITY-ST-ZIP	SV KREUTZBERGER, PATRICIA 1221 BRICKELL AVE ST 1590 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Change Addition KREUTZBERGER, PATRICIO 1221 BRICKELL AVE STE 1590 MIAMI, FL. 33131
TITLE NAMESTREET ADDRESSCITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME SIREET ADDRESS CITY-SI-ZIP		Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
. 12. I hereby indicated of the collaboration	certify that the information supplied wid on this report or supplemental report or supplemental report or trustal emit, or on an attachment with an address	this filing does not qualify is true and accurate and to be been the powered to execute this epo with all other like annowere	or the exemption sta my signature shall h rt as required by Cha d.	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under cath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NO THER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR