## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 20, 2004 8:00 am Secretary of State

DOCUMENT # P02000079918   Cally hame   Country	Th.* *	ANNOAL	REPURI	1	Secretary of State		
Principal Place of Business \$113 MW \$ STREET  MAM, FL 33126  2. Principal Place of Business \$113 MW \$ STREET  MAM, FL 33126  2. Principal Place of Business \$2. Principal Place \$3. State, Place \$4. State, Place \$5. On Mary De \$5. On Mary			918		1		
STIAL WAS STREET MAMM, FL 33126  2. Principal Place of Business 3. Additing Address 4. Business 4. Busine			ORP.				
5113 NW 5 STREET MAM, FL 33126  Side Appl. # 40C.  275 NW B C D.  Side Appl. # 40C.  Side	Principal Plac	ce of Business	Mailing Address	<u> </u>			
2. Principal Places of Business 275 NW 48 Ch PL 3. Sullo, Apt. I., etc. 275 NW 48 Ch PL 3. Sullo, Apt. I., etc. 3. Sullo, Apt.	5113 NW 5	STREET	· ·				
Suble, ApI, 4, etc.  Applied For 14-1839474  IA-Pased For 14-	MIAMI, FL 3	3126	MIAMI, FL 33126				
Suble, ApI, 4, etc.  Applied For 14-1839474  IA-Pased For 14-			3. Mailing Address	0 1 01			
Gyr & State   File Number   Applied For   Ap		1100 10 11 1		S Ch PC.			
To   3   7   Country   3   Country   3   Country   5   C	54 (j. 4.)	•			<b>5</b>		
S. Certificate of Status Desired   So. Certificate of Status Desired   So. Service of Status Desired   So. Street Address of New Registered Agent    LOPEZ, SERGIO M 5113 N/W 5 STREET   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI, FL. 39128   Street Address (P.O. Box Number is Not Acceptable)    DIAMINI		i, FC	Miami, +		14-1839474 Not Applicable		
Name   Street Address (P.O. Box Number is Not Acceptable)	33JZ			Country			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
Street Address (P. 0. Box Number is Not Acceptable)  3.75 NW YBW PL  City W J WW JBW PL  City W JBW PL  Ci	LOPEZ S	ERGIO M		Name			
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, with post or prize name of registered agent.  SIGNATURE  Signature, itsed or prize name of registered agent and title if applicable.  (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the obligations of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Flori	*5 <del>113 NW 5 STREET -</del>			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
8. The above named only submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, trood or protect name of registered agent and like if applicable.   (NOTE Registered Agent signature required when relictative)   DATE	<u></u>	. 33120	•	275	NW YETS PL		
8. The above named only submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature, trood or protect name of registered agent and like if applicable.   (NOTE Registered Agent signature required when relictative)   DATE	• •				City MI ami FL 33/26		
Square, lysed or printed name of registered agent and late if applicable.   NOTE Registered Agent signature required share narricatory)   DATE	8. The above the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its re	gistered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept		
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  LOPEZ, SERGIO M  STRET ADDRESS  OTY-ST-ZP  MIAMI, FL 33126  Delete  TITLE  NAME  STRET ADDRESS  CITY-ST-ZP  MIAMI, FL 33122  Delete  TITLE  NAME  STRET ADDRESS  CITY-ST-ZP  TITLE  TITLE  NAME  STRET ADDRESS  CITY-ST-ZP  TITLE  TITLE  TITLE  TITLE  TIT	SIGNATURE.						
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME LOPEZ, SERGIO M STREET ADDRESS CITY-ST-ZP MIAMI, FL 33126  Trust Fund Contribution.   Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME LOPEZ, SERGIO M STREET ADDRESS CITY-ST-ZP MIAMI, FL 33126  Trust Fund Contribution.   Added to Fees  TITLE NAME STREET ADDRESS CITY-ST-ZP MIAMI, FL 33122  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STRE	<del>-</del>	Signature, typed or printed name or registered agent	and title if applicable. (NOTE: R	iegistered Agent signature req	ulred when reinstating) DATE		
TITLE NAME LOPEZ, SERGIO M STREET NAME STREET ADDRESS CITY-ST-ZP NAME CHange Addition NAME CITY-ST-ZP NAME STREET ADDRESS CI	FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0					
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TITLE NAME PEREZ, ANGEL L 2088 NW79 AVE MIAMI, FL 33122  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CITY-ST-ZIP	1	, at	CITY-ST-ZIP	18m - FC 33126		
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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 good 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	STREET ADORESS						
indicated on this report of supplemental paper is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director	STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP			
of the corporation or the receiver or trudee africal and account and standard signature shall have the same legal effect as it flade directly and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an earliest, with all other like empowered.	CITY-ST-ZIP  12. I hereby eindicated	certify that the information supplied with	this filing does not qualify for th	e exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information		