2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 24, 2005 08:00 AM

1. Entity Nar	MENT # P0200008422	23			Sec	cretary o	i State
Principal Place 2324 SW 58 MIAMI, FL 3	BTH AVE.	Mailing Address 2324 SW 58TH AVE. MIAMI, FL 33155					
	· :		<u> </u>				
DO NOT WRITE IN THIS SPA			CE	01182005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 52-2371920 Not Applicable 5. Certificate of Status Desired 38.75 Additional			
	& Name and Address of Covered Day			5. Certificate	of Status Desired	S8.75 A	
6. Name and Address of Current Registered Agent FRAGA, JOSE M 2324 SW 58TH AVE. MIAMI, FL 33155			DO NOT WRITE IN THIS SPACE				
8. The above the obliga	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar wit	h, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and 500	e if applicable. (NOTE Registore	d Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	noing \$5.	00 May Be ed to Fees	U00000 01/25/05-)193010 -80042-022 1	150.00
10. TITLE	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	FRAGA, JOSE M 2324 SW 58TH AVE. MIAMI, FL 33155				-		
TITLE NAME STREET ADDRESS				and	4. , , , , , , , , ,	.= *	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>.</u>		חמ	NOT W	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				i dagaan alikulka aray ilayaa ka isa isa	"NA BARYAR MANAGEMENT IN THE ACCOUNT OF THE ACCOUNT	intelligence vancens en e e e e e e e e e e e e e e e e e	den e ^{n e} n e estan es
TITLE NAME STREET ADDRESS CITY-ST-ZIP			oral Section 12 and 1		The same with particle of		
of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowere or on an attachment with an address, with a	d to execute this report as requir	mption stated in Sec ure shall have the s red by Chapter 607,	ction 119.07(3)(ame legal effect Florida Statute	i), Florida Statutes, I it as if made under o s; and that my name	further certify that the ath; that I am an office appears in Block 10	information or or director or Block 11 if
SIGNATURE: 1-20-05 186-252-7890							