2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

ANNUAL REPURI						Secretary of State-			
1, Entity Name		P0200010		07			Sec	tretary or	State
Principal Place of Business Mailing Address						+			
15761 NW 79			15761 NW 79 CT						
MIAMI LAKES, FL 33016			MIAMI LAKES, FL 33016						
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2. Principal Place of Business			a. manag nouress						
Suite, Apt. #, etc			Suite, Apt. #, etc.			04122004	Chg-P	CR2E034 (10/03)	
City & State			City & State			4. FEI Numb		. }	pplied For
Zip Country			Zip Country		75-308	1755		ot Applicable	
Zip		Country	Zip	COUNT	u y	5. Certificate	of Status Desired	S8.75 Ad	
6. Name and Address of Current I					7. Name and Address of New Registered Agent				
	•		Name						
MORALES, JOSE LUIS 15761 NW 79 CT					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI LAKE		016							
					City			FL Zip Cod	te
8. The above na	amed entity s	ubmits this statement i	or the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of FI	lorida. I am familiar with	and accept
the obligations of registered agent.									
SIGNATURE									
Signature, typed or pureled name of registered agent and theil applicable (NOTE Registered Agent signature required when reinstating) DATE									
		EE 18 \$150.00 Fee will be \$550	9. Election Campa .00 Trust Fund Con			5.00 May Be ded to Fees			
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICÊRS AND DIRECTOR	S IN 11
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1 1	MORALES, JOSE LUIS				Ε			-80168-024 t!	ຫ.ໜ້
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├ 	WILLIAM D'UNEO, Y E COUTO							☐ Chang;	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I furtifier 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 oath; 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 a pears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
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SIGNATURE: SIGNATURE: David OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David Dav									