2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0200010879	93		50	ecretary of State
•	ST STE 500	Mailing Address 3250 MARY ST STE 500 MIAMI, FL 33133			
DO NOT WRITE IN THIS SPACE				03212005 No Chg-P 4. PEI Number 51-0433679 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additlorial Fee Required
8. Name and Address of Current Registered Agent PELTZ, ARVIN ESQ 3250 MARY ST STE 500 MIAMI, FL 33133			DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and take if applicable (NOTE, Registered Agent signature required when renistating) DATE DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D SIBLEY, PETER L 3250 MARY ST STE 500 MIAMI, FL 33133	ECTORS		U0000 04/03/05	00295312 5-80029-010 150.00
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12. Thereby certify that the information supplied with the illing soes not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplied with the information 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 of trustee empty were 0 of 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 attachmore with an address, with all other like empowered.					
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date District Prints of Date Date Date Date Date Date Date Date					