2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P0200011659	- 			Sec.	retary (oi State
Principal Plac 1385 CORAL MIAMI, FL 3	WAY STE 403	lailing Address 1385 CORALWAY STE 403 MIAMI, FL 33145					erid (Broad) () and
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				02092005 No Chg-P CR2E034 (10/03) 4. FEI Number			
SPIEGEL 1840 SW 2 4TH FLOO MIAMI, FL	& UTRERA, P.A. 22ND ST. DR	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the tions of registered agent. Signalure, typed or printed name of registered agent and thic		d Agent signature required		in the State of Flori	da. I am familiar	with, and accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE	OFFICERS AND DIRE PSTD LONDOND, RICARDO 628 ALEDO AVE. CORAL GABLES, FL 33134				U000002 J3/04/05-8	51754	150.00
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				* / ******** *************************			 , ,
title name street address gity-st-zip							
12. I hereby of indicated of the cor changed,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver as trustee empowere or on an attachment will an add has with a	iling does not qualify for the exe and accurate and that my signa d to execute this report as requi Il of er like empowered	mption stated in Se- ture shall have the s red by Chapter 607	ction 119.07(3)(i), i same legal effect a , Florida Statutes; i	Florida Statutes. I f s if made under oa and that my name	urther certify that th, that I am an o appears in Block	the information fficer or director 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR