## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Maus B. Lendon.
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** May 03, 2004 08:00 AM

Daytime Phone #

1. Entity Nan	MENT # P020001171	12			Secretary of State
8360 NW 68TH STREET		Mailing Address 8360 NW 68TH STREET MIAMI, FL 33166			
DO NOT WRITE IN THIS SPAC				THE REST OF THE REST	eenn eenn eese neel neel neel neel neel
				4. FEI Number	Applied For
				01-0751389  5. Certificate of Status	Not Applicable  Spesired \$8.75 Additional
6. Name and Address of Current Registered Agent					Fee Required
RENDON, SARA M 840 SOUTH PARK RD. APT 05-22 HOLLYWOOD, FL 33021			DO NOT WRITE IN THIS SPACE		
8. 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 title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			~	.00 May Be ed to Fees	
TITLE	OFFICERS AND DIF	SECTORS .			
NAME STREET ADDRESS CITY-ST-ZIP	RENDON, SARA M 840 SOUTH PARK RD., APT 05-22 HOLLYWOOD, FL 33021	1893		·	J00000153302 04/04-80120-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IJ'n/	N4/U4-8U12U-U23 15 <b>0.UU</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SSPACE
TITLE MAME STREET ADDRESS CITY-SI-ZIP		Magazza de d			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-1.59			
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 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					