## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 01, 2004 8:00 am Secretary of State

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1. Entity Name	MENT # P0200011	17871					04-26-2	2004 910.	12 011 *:	**150.00
Principal Place	o of Provinces	Atailing Address	<del></del> -					664	25404	1
Principal Place		Mailing Address	NE					001	-010	•
144 N.W. 171 MIAMI, FL 33		144 N.W. 17TH PLAC Miami, FL 33125	£		1	47				
Maruni, IL J.	J12.J	mirani, FL 33123								
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2. Principal Pl	ace of Business	3. Mailing Address			İ			<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
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City & State	9	City & State				4. FEI Number	7 2 2	200-1	Ap Ap	plied For
						APPLIE	FOR 22-	<u> 39011</u>	7 / No	t Applicable
Zip	Country	Zip	Country			5. Certificate o	of Status Desired		\$8.75 Add	itional
			<u> </u>					<u> </u>	Fee Require	4
<del></del>	6. Name and Address of Curre	nt Hegistered Agent	<del></del>	Name		r. Name and r	Address of New	Medistelen v	Agerii	<del></del>
MENDEZ.	MIGUEL-A JR.,	<del></del>			<u>.                                    </u>	<u> </u>				
ONE SOUTH ORANGE AVENUE			İ	Street Add	ldress (P.0	O. Box Numbe	r is Not Acceptat	ole)		
ORLANDO	), FL 32801		F							
	1 -		·	-					( 5: A :	
		•		City				FL	Zip Cod	8
	named entity submits this statementions of registered agent.			-				a.e.*	familiar with	and accept
signature  FILL  After Ma	Signature, speed or printed name of replatived as E'NOWISI. FEE IS \$150.00 by 1, 2004 Fee will be \$55	and title of applicable. (IV	OTE: Registered A	Agent repreture	** required wi			DATE	familiar with,	C
the obligat	Signature, speed or printed name of replatived age.  E'NOW!!!! FEE IS \$150.00  By 1, 2004 Fee will be \$55	and title of applicable. (IV	OTE: Registered A	Agent repreture	** required wi	O May Be		DATE		<u> </u>
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12. I hereby certify that the information supplied with this filling does not qualify for the examption 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 ray 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 furstee employered to execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 II charged on an effective supplemental report with an address with all other life empowered to.

SIGNATURE: ANTONIO F SUALEL

THE AND THE PROPERTY OF STREET

1/23/04 (305) 766-688-