2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State

	ANNOALICION				Secretary or state		
1. Entity Nam	MENT # P02000124	198		05-05-2004	4 90224 050 ***150	0.00	
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Principal Place	e of Business	Mailing Address			•		
45 WEST 6TH HIALEAH, FL		45 WEST 6TH STREET HIALEAH, FL 33010	•				
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2. Principal Place of Business 201 Ave 4900 500.		72nd Ave					
Suite, Apt. #, etc.			04132004 Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Number		plied For	
<i>ting</i>	<u> </u>	1 . 1/00 100 1 .		82-0574791		t Applicable	
3315	S Country	(SOLO)	Country	5. Certificate of Status Desired	S8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name -				Prumbly DIAZ			
ARMSTRONG, JANA L ESQ. 4960 72ND AVE.			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 400 MIAMI, FL 33155			4960	4960 sw. 72nd Ave #400			
			City	Pari	FL Zip Code	なって	
8. The above	named entity submits this statement for	the purpose of changing its reg				and accept	
	ions of registered agent.	*	, and a series	or agoing of sour, in the State of t	1		
Wolcilli William							
SIGNATURE Signature, typed or printed name of registered agent and filte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.							
				5.00 May Be ided to Fees			
After Ma	ay 1, 2004 Fee will be \$550.0	Trust Fund Contribu	rtion. Ac	ided to Fees	FICERS AND DIRECTORS	SIN 11	
After Ma		Trust Fund Contribu	11.	5.00 May Be Ided to Fees ADDITIONS/CHANGES TO OF			
After Ma	ay 1, 2004 Fee will be \$550.0 OFFICERS AND	Trust Fund Contribu	rtion. Ac	ided to Fees	FICERS AND DIRECTORS	S IN 11	
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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 eath; 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOKII,

e Daytime Phone #