2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 30, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Application of Business Major Address Major Addr	DOCIII	MENT # P020001279	 56		Secretary of State	
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DO NOT WRITE IN THIS SPACE 4. FEN Number 203-04396726 SNo ChgP CR2E094 (10/03) 5. Name and Address of Current Registered Agent 5. Name and Address of Current Registered Agent SANTANA-DEL, CARMEN 16238 NW 19 STREET PEMBROKE PINES, FL 33028 DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida, i am f	4602 E 10 C	т <u>-</u> _	4602 E 10 CT	<u>.</u>		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report opening the properties 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	CITY+ST-ZIP			<u></u>		
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 chapted or on a state friend with an address, with all other like among and a chapter of the chapter of the corporation or the results are chaptered.	12. I hereby of indicated of the cor	certify that the information supplied with the on this report of supplemental report is to poration or the occiver or trustee empower on a start property with a supplemental report.	s filing does not qualify for the exe re and accurate and that my signal ared to execute this report as required.	mption stated in S ture shall have the red by Chapter 60	ection 119.07(3)(1), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if	