2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P02000131592** Jan 07, 2005 08:00 AM METRO FEDERAL SERVICES, OR. **Secretary of State** Principal Place of Business Mailing Address 3383 NW 7TH ST. 3383 NW 7TH ST. SUITE 302 **SUITE 302** MIAMI, FL 33125 MIAMI, FL 33125 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1453268 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERNANDEZ, JOSE DO NOT WRITE 2097 SW 58 AVE MIAMI, FL 33155 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 aignature required when reinstating) Election Campaign Financing FILE NOW!!! FEETS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE HERNANDEZ, JOSE STREET ADDRESS 2097 SW 58 AVE U00000173228 01/07/05-80010-010 150.00 MIAMI, FL 33155 CITY-ST-ZIP SVD TITLE HERNANDEZ, ISIS NAME 2097 SW 58 AVE STREET ADORESS MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP nile NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 ceth; 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:

CITY-ST-ZIP

TOP TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Soft 105 Dayline Phone #