2004 FOR PROFIT CORPORATION ANNUAL REPORT



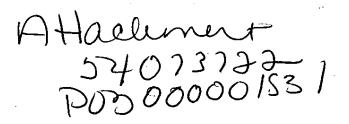
FILED Sep 30, 2004 8:00 am Secretary of State

Principal Place of Business Mailing Address 766 PONDELLA RD #160 N FT MYERS, FL 33903 766 PONDELLA RD #160 N FT MYERS, FL 33903 768 PONDELLA RD #160 N FT MYERS, FL 33903	3722						
N FT MYERS, FL 33903 N FT MYERS, FL 33903							
	ISINO NIINI NURUUL II NOOS						
2. Principal Place of Business 7.10 PONDELLA RD 3. Mailing Address 2419 EAST MALL DA							
Suite, Apt. #, etc. Suite, Apt. #, etc. 08252004 Chg-P CR2E034 ((10/03)						
City & State N. FT. MYERS City & State FT. MYERS, FC 4. FEI Number	Applied For Not Applicable						
220- USA 3394 454	.75 Additional Required						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	nt						
MCLEOD, RODERICK D 2419 EAST MALL DR. FT. MYERS, FL 33901 Street Address (P.O. Box Number is Not Acceptable)	(P.O. Box Number is Not Acceptable)						
City - FL	Zip Code						
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 crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Corporation did not receive the	3(2)(b), F.S., the ne prior notice.						
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11						
TITLE PORFS. Delete TITLE NAME HEMA PATEL STREET ADDRESS CITY-ST-ZIP M. Fr. MYEAS, FL 33 903 CITY-ST-ZIP M. Fr. MYEAS, FL 33 903 CITY-ST-ZIP] Change · 🔲 Addition						
	Change Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	*Change* * Addition						
TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP	Change Addition						
TITLE NAMÉ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition						
FITLE NAME STRIET ADDRESS CITY-ST-ZIP 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a	Change Addition						

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: 2	χ	j.	P	BJOZ		
		SIGNATURE AND	TYPED	OR PRINTED NA	ME OF SIGNING	OFFICER OR DIRECTOR

Daytime Phone #



July 14, 2004

Florida Department of State

Enclosed is our 2004 annual report and a check for \$ 150.00. We never received the form in the mail and we request that the late payment fee be waived.

Thank you.