## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

Principal Place of Business	5400 SW 36 STREET HOLLYWOOD, FL 33023 US  2. Principal Place of Business 3. Mailing Address	04272004 Chg-P CR2E034 (10/03)  4. FEI Number Applied For	
City & State  Ci		04272004 Chg-P CR2E034 (10/03)  4. FEI Number Applied For	
City & State  Country  S. Certificate of Status Desired	Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEI Number Applied For	
Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)		4. FEI Number Applied For	
Signar Now and Address of Current Registered Agent  File Now!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  OFFICERS	City & State City & State	06-1672023 Not Applicable	
ENCARNACION, NELSON G 5400 SW 36 STREET HOLLYWOOD, FL 33023  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, hybrid or printer rare of registered agent and title? Apent signature required when remastring)  After May 1, 2004 Fee will be \$550.00  Prust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME SIRRET ADDRESS CITY-ST-2IP  TITLE Delete  TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-2IP  TITLE Delete TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-2IP  TITLE Delete Addition AMAGE SIRRET ADDRESS CITY-ST-2IP TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Del		5. Certificate of Status Desired \$8.75 Additional	
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## City   FL   Zip Code    8. The above named entity submits this statement for the purpose of changing its 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 and tide if applicable.    SiGNATURE	ENCARNACION, NELSON G		
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, higher or printed name of registered agent and tide if applicable. (INOTE: Repostered Agent signature required when remassurg)  PILE NOW!!! FEE IS \$150,00  After May 1, 2004 Fee will be \$550,00  9. Election Campaign Financing Trust Fund Contribution.   OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  POSTATIONAL CONTRIBUTIONS OF TRUST ADDITIONS OF TRUST AD	5400 SW 36 STREET Street Address (P.O. Box Number is Not Acceptable)		
SIGNATURE   Signature, typed or protect agent and tide if explicable. (INOTE, Replatered Agent signature required when reinstearing)   DATE	C	City FL Zip Code	
Signature, typed or protect name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstauring)  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Delete Tittle  PENCARNACION, NELSON G STREET ADDRESS CITY-ST-ZIP  HOLLYWOOD, FL 33023  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Addition  Addition  Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Addition  Addi	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.		
### FILE NOW!!! FEE IS \$150.00 ### S550.00 ### S5.00 May Be Added to Fees    10.			
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12. I nereby 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 oath; that I am an officer or director of the corporation or the receiver of 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR