## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED Feb 21, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # P0300001193	1 _			Secretary of State
Principal Place of Business Mailing Address 3737 WOODHILL DRIVE 3737 WOODHILL DRIVE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303			· · ·		IN ERIOL HAN COM
DO NOT WRITE IN THIS SPACE				02132005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired   \$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FELIPE, MARCELL 888 BRICKELL AVENUE 5TH FLOOR MIAMI, FL 33131			DO NOT WRITE 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 private name of registered agent and title if applicable  (NOTE, Registered Agent signature required when reinsteiting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			· — •	5.00 May Be ided to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MIGUEL 3737 WOODHILL DRIVE TALLAHASSEE, FL 32303	OTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, SANTIAGO 3737 WOODHILL DRIVE TALLAHASSEE, FL 32303				U00000237157 02/21/05-80047-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- <u></u>	<u> </u>	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 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.					