FILED Apr 28, 2005 8:00 am Secretary of State

Daytime Phone #

2005	FOR PROFIT CORPORATIO	N
	ANNUAL REPORT	

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1. Entity Nam	MENT # P03000020					90218 046 ***15	50.00			
Principal Plac	a of Pusinger		1400000							
1900 WEST	COMMERCIAL BLVD. SUITE 148 RDALE, FL 33309	Mailing Address 1900 WEST COMMERCA FORT LAUDERDALE, FL	148							
		-					etilb 11811 1 668k 2 1111 (81	(111) (A 1114)		
2. Principal Place of Business 400 5 University Drive Same										
Suite, Act.				04232005	Chg-P	CR2E034 (10/03)	- 			
City & State City & State					4. FEI Number Applied For 90-0008373 Not Applicable					
^{Zip} 3333	Zip Country Zip Country 333728 USA Zip Cour			5. Certificate of Status Desired See Required Fee Required						
	6. Name and Address of Current F	legistered Agent			7. Name and	Address of New Re	gistered Agent			
1900 WES	TAMI' A P.A. IT COMMERCIAL BLVD. SUITE JDERDALE, FL. 33309	. 148	D/ S	Fice of TamiA. Phillips, PA. 1.P.O. BOX Number is Not Acceptable) in Stello						
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8. The above	named entity submits this statement for	the purpose of changing its	registered office of	or registere	ed agent, or bot	h, in the State of Flo	rida, I am familiar with,	and accept		
the obligat	tions of registered agent.	$2 \alpha U$				ا د	1/20/10	į		
CICNIATURE	Nand & IX	ull -				4	(dolas	>		
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signs	ture required	when reinstating)		DATE	i		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11		
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NAME	PHILLIPS, TAMI' A		NAME	Phi	111800	10170	1. 1 im. 5	CT OF		
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12. Lherehu	certify that the information supplied with	this filing does not qualify for	the exemption st	ated in Se	ction 119 07/3V	i) Florida Statutes I	further certify that the i	nformation		
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 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 ampowered.										
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 anaddress, with all other like ampowered. SIGNATURE:										