2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

6. Name and Address of Current Registered Agent  CARBAJALES-TORRENTE , CEFERINO 8700 NW 27TH AVE MIAMI FL 33147  City  City  FL  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Z  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. 1 am familia the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INFEL ADDRESS 8700 NW 27TH AVE CITY-S1-2P MIAMI FL 33147  CITY-S1-2P MIAMI FL 33147	Applied For Not Applicable 75 Additional Required
MIAMI FL 33147  MIAMI FL 33147  2. Principal Place of Business  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  1st MOORE  CR2E034 (10/  City & State  City & State  City & State  Country  5. Certificate of Status Desired   \$8.7 Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Applied For Not Applicable 75 Additional Required
Suite, Apt. #, etc.  1st MOORE  CR2E034 (10/  City & State  City & State  City & State  Country  S. Certificate of Status Desired  Agent  Name  CARBAJALES-TORRENTE , CEFERINO  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Accep	Applied For Not Applicable 75 Additional Required
City & State  City & State  City & State  City & State  4. FEI Number  42-1580005  Zip  Country  Zip  Country  5. Certificate of Status Desired  \$8.7 Fee F  6. Name and Address of Current Registered Agent  Name  CARBAJALES-TORRENTE, CEFERINO 8700 NW 27TH AVE MIAMI FL 33147  City  FL  Z  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 familia the obligations of registered agent.  SIGNATURE  Signature  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. FEI Number  7. Name and Address of New Registered Agent Name  City State Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  15. Certificate of Status Desired Agent  15. Certificate of Status Desired Agent  16. Name  17. Name and Address of New Registered Agent  18. The above named entity submits this statement Agent  18. 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. 1 am familia 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. 1 am familia the above named entity submits this statement	Applied For Not Applicable 75 Additional Required
Zip Country Zip Country 5. Certificate of Status Desired	Not Applicable 75 Additional Required (ip Code
6. Name and Address of Current Registered Agent  CARBAJALES-TORRENTE , CEFERINO 8700 NW 27TH AVE MIAMI FL 33147  City  City  FL  2  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 familia the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE PD  NAME FACHADO, ARMANDO STREELADDRESS 8700 NW 27TH AVE CITY-S1-2P MIAMI FL 33147  FEE IS \$1400 CARMANDO STREELADDRESS 8700 NW 27TH AVE CITY-S1-2P MIAMI FL 33147	Required
CARBAJALES-TORRENTE , CEFERINO 8700 NW 27TH AVE MIAMI FL 33147  City  FL  Z  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 familia the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tisle if applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  FACHADO, ARMANDO  STREET ADDRESS  CITY-S1-ZP  MIAMI FL 33147  NAME  STREET ADDRESS  CITY-S1-ZP  MIAMI FL 33147	ip Code
CARBAJALES-TORRENTE , CEFERINO 8700 NW 27TH AVE MIAMI FL 33147  City  City  FL  Z  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. 1 am familia the obligations of registered agent.  SIGNATURE  Signature, typud or printed name of registered agent and title if applicable  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Trust Fund Contribution.  INDEED TO Delete  NAME  NAME  STREET ADDRESS  CITY- S1- ZIP  MIAMI FL 33147  CITY- S1- ZIP  MIAMI FL 33147	
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 familiate the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature reducted when recreating)   DATE	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature reducted when rearstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PD  NAME FACHADO, ARMANDO STREET ADDRESS 8700 NW 27TH AVE CITY-ST-ZIP MIAMI FL 33147  CITY-ST-ZIP MIAMI FL 33147	ar with and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILLE NAME FACHADO, ARMANDO STREET ADDRESS CITY-SI-ZIP MIAMI FL 33147  DATE  (NOTE Registered Agent signature reducted when restrating)  DATE  (NOTE Registered Agent signature reducted when restrating)  DATE  10. Delete Trust Fund Contribution.  THE Delete TRUST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  UD0100241311  U2/24/U5-80037-821 1:	
After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1IILE PD Delete DILLE  NAME FACHADO, ARMANDO  STREET ADDRESS 8700 NW 27TH AVE STREET ADDRESS U100100241311  CITY-ST-ZIP MIAMI FL 33147  CITY-ST-ZIP 02/24/U5-80037-821 1:	
TITLE         PD         Delete         Delete           NAME         FACHADO, ÁRMANDO         NAME           STREET ADDRESS         8700 NW 27TH AVE         STREET ADDRESS         U00000241311           CITY-ST-ZIP         MIAMI FL 33147         CITY-ST-ZIP         02724/05-80037-821	\$5.00 May Be Added to Fees
NAME         FACHADO, ÁRMANDO         NAME           STREET ADDRESS         8700 NW 27TH AVE         STREET ADDRESS         U00000241311           CITY-ST-ZIP         MIAMI FL 33147         CITY-ST-ZIP         02/24/05-80037-821         13	
STREET ADDRESS         8700 NW 27TH AVE         STREET ADDRESS         U00000241311           CITY-ST-ZIP         MIAMI FL 33147         CITY-ST-ZIP         02/24/05-80037-821	Change
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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 the 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 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	at the information officer or director ok 10 or Block 11 if

**FILED** 

Daytme Phone #