2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State DOCUMENT # P03000027759 1. Entity Name MINÚ SAVITSKY, P.A. Principal Place of Business __Mailing Address 17235 N.W. 87 AVE. 17235 N.W. 87 AVE. MIAMI, FL 33015 MIAMI, FL 33015 02112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0452773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SAVITSKY, MINU DO NOT WRITE 17235 N.W. 87 AVE. MIAMI, FL 33015 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D DILE NAME SAVITSKÝ, MINU 17235 N.W. 87 AVE. STREET ADDRESS 12/17/05-80038-008 150.00 MIAMI, FL 33015 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR