2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR

SIGNATURE

Lyvander-

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2005 08:00 AM DOCUMENT # P03000036924 **Secretary of State** THE LAW OFFICES OF SANTIAGO LAVANDERA, P.A. Principal Place of Business _ Mailing Address 7950 NW 155TH STREET _____ **7950 NW 155TH STREET** SUITE 201 SUITE 201 MIAMI LAKES, FL 33016 TUS MIAMI LAKES, FL 33016 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1159160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAVANDERA, SANTIAGO DO NOT WRITE **7950 NW 155TH STREET SUITE 201** IN THIS SPACE MIAMI LAKES, FL 33016 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS 10. HNAGGG 1183**65**8 TITLE 01/19/05-80076-019 150,00 LAVANDERA, SANTIAGO NAME STREET ADDRESS 7950 NW 155TH STREET MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 required 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

FILED

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