2005 FOR PROFIT CORPORATION-___ ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nar	IMENT # P03000053			56	cretary or State
8505 BAYC	ce of Business ENTER RD_3 FLOOR .LE, FL 32256	Mailing Address 8505 BAYCENTER RD 3 FLOO JACKSONVILLE, FL 32256	DR .		
DO NOT WRITE IN THIS SPACE			CE	01072005 No Chg-P 4. FEI Number 86-1064792 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 N LAURA ST STE 2750 JACKSONVILLE, FL 32202			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 printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOWILL 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. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD, SONIA 8505 BAYČENTER RD 3 FLOOR JACKSONVILLE, FL 32256	_		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D AGUERO, ANITA 8505 BAYCENTER RD 3 FLOOR JACKSONVILLE, FL 32256				349110 30052-002 1SD.00
NAME STREET ADDRESS CITY-ST-ZIP					RITE
NAME STREET ADDRESS CITY-SY-ZIP	, <u>— — — — — — — — — — — — — — — — — — —</u>	 		IN THIS SPA	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ega			
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 suppliemental 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: HOLLA HOUSE SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR JOSE JOSE JOSE JOSE JOSE JOSE JOSE JOSE					