2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 01, 2004 8:00 am Secretary of State

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O. Nome and Address of Current Registered Agent O. RONADO, NESTOR 7360 CORAL WAY STE 21 MIAMI, FL 33155 City City City FL Zip Code 8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the Siste of Plorids. T am familiar with, and accept the obligations of registered agent, or both, in the Siste of Plorids. T am familiar with, and accept the obligations of registered agent. And the statement for the purpose of changing its registered agent, or both, in the Siste of Plorids. T am familiar with, and accept the obligations of registered agent. And the statement for the purpose of changing its registered agent, or both, in the Siste of Plorids. T am familiar with, and accept the obligations of registered agent. And the statement agent age	Zip	Country	Zip	Coun	ntry			¢0.75	
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
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a. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur					Street Address	(P.O. Box Number	is Not Acceptable)	
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. If am familiar with, and accept the obligation of registered agent, have dependent of registered agent agent and itself applicable. **FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 **OFFICERS AND DIRECTORS** 10. OFFICERS AND DIRECTORS** 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE NAME NELLSON MENDEZ STEE 21 STEET ADDRESS OUT 57-2P STEET ADD	MIAMI, FL	33155				·····	<u> </u>		
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After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE	Signesure, typed or printed name of registered agen	t and titls it applicable. (No	OTE: Registers	nd Agent signature require	id when reinstating)		DATE	
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12. Hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is reflected as the second control of the second con	After M. 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Ay 1, 2004 Fee will be \$550. OFFICERS AND PD	Trust Fund Co DIRECTORS Delete STE 21 Delete STE 21 Delete	TITL NAA STR CIT TITL NAA STR	E E E E E E E E E E E E E	ded to Fees	HANGES TO OFF	Char	ge Addition ge Addition age Addition age Addition