2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2004 8:00 am Secretary of State 04-21-2004 90090 008 ***150.00

1. Entity Nam	MENT # P030000	57943		04-21-2004 90090 008 ***130
Principal Plac	e of Business	Mailing Address	<u> </u>	7
26651 SW 124TH AVE. HOMESTEAD, FL 33032		26651 SW 124TH AV HOMESTEAD, FL 330		•
				A INDICATE AL COMO INTERNATION DE LA COMO DE
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt.		Suite, Apt. #, etc.		04132004 Chg-P CR2E034 (10/03)
City & Stat		City & State		4. FEI Number Applied For Not Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent	1	7. Name and Address of New Registered Agent
			Name	
	DEZ, GLADYS DEL-C		Street Address	(P.O. Box Number is Not Acceptable)
	EAD, FL. 33032			
			City	FL Zip Code
8. The above	named entity submits this statemen	of for the purpose of changing in	s registered office or registr	ered agent, or both, in the State of Florida. I am familiar with, and accep
the obligat	tions of registered agent.		a registered onto or registr	or or agonit, or book, in the state of Piorioa. I am familiar with and accept
SIGNATURE.	Signature, typod or preside name of registered as	gent and tills if applicable. (NO	TE: Registered Agent signeture requir	ed when constained OATE
	<u> </u>	, , , , , , , , , , , , , , , , , , ,		
FIL * After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55	9. Election Camp Trust Fund Co.	aign Financing \$5 ntribution. \(\Bar{\text{D}} \) Ad	5.00 May Be dided to Fees
10.	OFFICERS A	ND DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ".	PD	☐ Delete	TITLE	☐ Change ☐ Additio
NAME STREET ADDRESS	HERNANDEZ, GLADYS D 26651 SW 124TH AVE.		NAME STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-SI-ZIP	·
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, SONDER V		NAME	
SIRETET ADDRESS	26651 SW 124TH AVE. HOMESTEAD, FL 33032		STREET ADDRESS	·
TITLE	TOMESTEAD, FL 33032		CITY-ST-ZIP	
NAME		□ Delete -	NAME	Change Additio
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CITY-ST-ZIP	<u>'</u>	<u></u>	CITY-ST-ZIP	
11TLS HAME		Delpile -	NAME	Change - Addition
STREET ADDRESS	I .		STREET ADDRESS	
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TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP	Certify that the information supplied	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addrilo
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby andicated of the core	rporation or the receiver or trustae e	Dalete with this filling does not quality for its true and accurate and that mpowered to execute this repo	TITLE NAME STREET ADDRESS CITY-S1-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP or the exemption stated in S my signature shall have the tas required by Chepter 6	Change Addition Change Addition Change Addition Change Section 119 07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under outh; that I am an officer or director.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby andicated of the core	s on this teport of supplements) tepo	Dalete with this filling does not quality for its true and accurate and that mpowered to execute this repo	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemption stated in S my signature shall have the t as required by Chapter 6d.	Change Addition