2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2004 8:00 am Secretary of State

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S. Certificate of Status Desired	City & Stat	re .	City & State		4. FEI Number	14315		
Silver Address of Current Registered Agent	Zip	Country	Zip	Country			\$8.75	Additional
Name Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Ar	idress of New R		med .
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Fiorida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of the obligation of the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of the o		or mante and Madicas di Aditelli	regional nation	Name	7. Haile and At	Juleas of IteM II	egistered Agent	
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8. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE for Claudia. SIGNATURE for Claudia				Street Addres	ss (P.O. Box Number i	s Not Acceptable	?)	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section (19.07(3)ff). Florida Statutes. I further certify that the information	After M 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND CLAUDIO, JOSE A 620 BUFORD AVE	Trust Fund Cont DIRECTORS Delete Delete Delete Delete	TIDULION. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CH ADDITIONS/CH DIVERTIO	orres ord Av ty, Fl ivera ord Av ty, Fl adio ord Av ty, Fl audio ord Av ty, Fl audio ord Av ty, Fl	Chang Chang 3 2 7 6 3 3 2 7 6 3 Chang Chang 3 2 7 6 3 Chang Chang	Addition Addition Addition Addition Addition

Indicated on this report or supplier with inshing does not quality for the exemption state in decident 19.07(3)(), Florida Statutes. Floring certify that the information indicated on this report or suppliermental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.