## 2005 FOR PROFIT CORPORATION

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ANNUAL REPORT				Feb 21, 2005 08:00 A			
1. Entity Nam	MENT # P030000621			Sec	cretary of	f State	
1676 S. FED	e of Business ERAL HWY CH, FL 33483	Mailing Address 1676 S. FEDERAL HWY BAY #4 DELRAY BEACH, FL 33483					
_			· ···,	01302005	No Chg-P	CR2E034 (10/0	
D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 58-2669		\$8.75	Applied For Not Applicable Additional
			7-5	S. Octunicate	or otatos besited	Fee Requ	ired
6. Name and Address of Current Registered Agent  MACARIAN, EDDI 1064 SW. 1ST WAY BAY #4 DEERFIELD BEACH, FL 33441-6643				IN 7	NOT W	ACE	
	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Fio	rida. I am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	ditire if applicable (NOTE Registers	d Agent signature required	d when reinstating)		DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	neing <b>\$5</b> .	.00 May Be led to Fees				
10.	OFFICERS AND D	IRECTORS				• .	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MACARIAN, EDDI 1064 S.W. 1ST WAY DEERFIELD BEACH, FL 3344166	i43				237987 80080-016 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACARIAN, EDDI 1064 S.W. 1ST WAY DEERFIELD BEACH, FL 3344166	:43			U2/2 <b>1</b> /05-	80080-016 1	50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u></u>	<u> </u>		
TITLE NAME	, , , , , , , , , , , , , , , , , , , ,				<del></del>		

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 supplied entry 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: X

STREET ADDRESS CITY-ST-ZIP

SON MACARIAN
STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR