2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

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City & State Country Country Country S. Cartificate of Status Desired S. Additional received Agent T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DATE Interpretation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent. Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Ac	2. Principal Pla	ice of Business								
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Signature, the originatered Agent	City & State		City & State			4. FEI Numbe	3-42	58 448		· ·
RUEDA, ALFREDO 777 NW 72ND AVENUE SUITE 2AA50 MIAMI, FL 33128 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Added to Fees Trust Funders Trust Fun	Zip	Country	Zip	Coun	try	5. Certificate		, 🗆 \$8		
RUEDA, ALFREDO 777 NW 72ND AVENUE SUITE 2AA50 MIAMI, FL 33126 Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Age	nt	1.
SUITE 2AA50 MIAMI, FL 33126 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, bysed or printed name of registered agent and life if applicable. (NOTE Registered Agent applicable required species and life if applicable. (NOTE Registered Agent applicable required species and life if applicable. (NOTE Registered Agent applicable required species and life if applicable. (NOTE Registered Agent applicable required species and life if applicable. (NOTE Registered Agent applicable required species and life if applicable. (NOTE Registered Agent applicable required species and life if applicable. (NOTE Registered Agent applicable required species agent, or both, in the State of Rorida. I am familiar with, and accept the the obligations of registered agent. (NOTE Registered Agent applicable required species agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent applicable required agent applicable. (NOTE Registered Agent applicable required agent applicable. (NOTE Registered Agent applicable required agent. (NOTE Registered Agent applicable required agent applicable required agent. (NOTE Registered Agent applicable required agent applica		•			Name					
MIAMI, FL 33126 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and still if applicable. Charge Charge Addition	777 NW 72ND AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this 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 Signature, typed or primad name of implications agent and tile if applicable. (NOTE Registered Agent signature required when reintainsing) PLE ION WITH FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS Trust Fund Contribution. Delete TITLE PSD OFFICERS AND DIRECTORS ITILE MAME SITERIA DORESS CITY-S1-2P TITLE NAME SITERIA DORESS CITY-S1-2P TITLE MAME SITERIA DORESS				1						
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director.	CITY OF 710			OTT	CT 710					

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

786-710-106

Daytime Phone