2004 FOR PROFIT CORPORATION

ANNUAL REPORT

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FILED Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90013 006 ***150.00

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City & State City & State City & State City & State Country Country Country Country Country Country S. Contricate of Status Desired Registered Agent File Number SCL 337 L L TO SR.75 Additional Registered Agent Name Specificate of Status Desired Registered Agent Name Specificate of Status Desired Registered Agent Name Specificate of Status Desired Specificate of Status Desired Additional Registered Agent Name Specificate of Status Desired Additional Registered Agent Name Specificate of Status Desired Additional Registered Agent Name Specificate of Registered Agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the collegistators of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the colleges of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the colleges of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the colleges of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the colleges of registered agent, or both, in the State of Fonda. I am lamilar with, and accept the co	2. Principal P	Place of Business								
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S. General control Status Desired Fee Required S. General Control Registered Agent 7. Name and Address of New Registered Agent SPIECGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City FL Zio Code Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code Street Address (P.O. Box Number is Not Acceptable) The above reared entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent. SIGNATURE Signature funds to under time of registered agent will like Acticable. In the purpose of changing its registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of Foolds. I am familiar with, and accept rive obligations of registered agent, or both, in the State of F	City & Stat	е	City & State					ì		
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature	1840 SW 2 4TH FLOC	22ND ST. DR	y may no see no see		- <u>-</u>	P.O. Box Numbe	r is Not Acceptable)	n y member and	ry"	
8. 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 Signat	MIAMI, FL	. 33145	C	City			FI	Zip Code	e	
TILE NAME NORE, VICTOR K STREET ADDRESS LOTY-ST-ZIP TAMPA, FL 33612 TILE NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP TAMPA, FL 33612 TILE NAME STREET ADDRESS COTY-ST-ZIP TO Delete NAME STREET ADDRESS COTY-ST-ZIP TO Delete NAME STREET ADDRESS COTY-ST-ZIP TO Delete STREET ADDRESS TO STREET ADDRESS TO STREET	SIGNATURE_	Signature, typed or printed name of registered ager E NOWILL FEE IS \$150.00	9. Election Camp	aign Financin	9 _ \$5 .0	00 May Be		DATE		
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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 oath; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AI CITY-ST-	DDRESS - ZIP) Clarida Circi	f		