2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 20, 2005 08:00 AM DOCUMENT # P03000086184 **Secretary of State** ANA MAYRA SILVERIO P.A. Principal Place of Business Mailing Address 7368 SW 80TH STREET PLAZA APT. 167 7368 SW 80TH STREET PLAZA APT. 167 MIAMI, FL 33143-7443 MIAMI, FL 33143-7443 01132005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2104835 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILVERIO, ANA M DO NOT WRITE 7368 SW 80TH STREET PLAZA APT. 167 MIAMI, FL 33143-7443 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE Ð U00000187101 01/21/05-80085-016 150.00 SILVERIO, ANA M NAME STREET ADDRESS 7368 SW 80TH STREET PLAZA APT, 167 CITY-ST-ZIP MIAMI, FL 331437443 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-218 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 supplemental 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 direction of the corporation or the procedure 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 changed, or on an atta

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE