2005 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Mar 10, 2005 08:00 AN		
1. Entity Name	MENT # P03000086			•	Se	cretary of State
Principal Place 481 27TH ST NAPLES, FL		Mailing Address 481 27TH STREET SW NAPLES, FL 34117	· ·	l literativent fil menor	4 1111 WHISI MWSIL WWISI	nain taise sina suse isat nikesi titasi
D	O NOT WRITE	IN THIS SPA	<b>\CE</b>		No Chg-P	CF2E034 (10/03)
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	6. Name and Address of Current	Registered Agent				
	MICHAEL K STREET SW FL 34117				OT W HIS SP	
the obligat SIGNATURE	s named entity submits this statement for tions of registered agent. Senative, typed er printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	and file if applicable (NOTE, Regis	tered Agent signature required		fhe State of Flo	rida. I am familiar with, and accept
10. YITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	OFFICERS AND P BRITTO, MICHAEL K 481 27TH STREET SW NAPLES, FL 34117	DIRECTORS			U0000 03/10/05	0257605 -80007-015 150,00
NAME Street address City-st-zip						
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					<u></u>	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				99999999999999999999999999999999999999	<del></del>	бал ун ул
12. I hereby indicated of the co changed	certily that the information supplied will d on this report or supplemental report orporation or the receiver or trustee entry d, or on an attachment with an address,	h this filing does not qualify for the is true and accurate and that my sig powered to execute this report as re with all other like empowered.	exemption stated in Signature shall have the equired by Chapter 60		Torida Statutes, s if made under and that my nam	I further certify that the information oath; that I am an officer or director le appears in Block 10 or Block 11 if
SIGNA	TURE	PRINTED NAME OF SIGNING OFFICER OR DI		<i>v/</i> U	Date	Daytime inofio #