2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

SIGNATURE: _

Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional \$8.75	ANNUAL REPORT (AR)				FILED			
Principal Place of Business 1900 S.W. 192ND ST. MIAMI FL 33187 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt	1. Entity Name				Jul 26, 2005 08:00 AM			
1900 S.W. 192ND ST. P.O. BOX 521280 MIAMI FL 33187 MIAMI FL 33182 MIAMI FL 33187 MIAMI FL 33182 MIAMI FL 33187 MIAMI FL 33182 MIAMI FL 33187	FAMROD) INC.			ř	•		
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2. Principal Place of Business 3. Mailing Address Suite Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number 74-3105836 Alphed F Not Applie Ziro Country Zip Country 5. Certificate of Status Desired \$8.75 Additional For Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODROGUEZ-PORTAS, RAMON 116 N.W. & STH CT. MIAMI FL 33116 Steet Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 After May 1, 2005 Fee Will Be \$50.00 After May 1,	·		P.O. BOX 521280					
Suite Act #, etc. Suite, Apt #	MIAMI FL 3	33187	MIAMI FL 33152					
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Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additional Fee Required S8.75 Additional	Suite Apt #, etc.		Suite, Apt. # etc.		1st MOORE	CR2E034 (10/0	4) 	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODROGUEZ-PORTAS, RAMON 116 N.W. 85TH CT. MIAMI FL 33116 City FL Zip Code 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 acc the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAME RODRIGUEZ, DANIEL M STRET ADDRESS 19000 S.W. 192ND ST. MIAMI FL 33187 Delete MAME RODRIGUEZ, ESTEBAN L STRET ADDRESS 19000 S.W. 192ND ST. MIAMI FL 33187 CITY ST JP STRET ADDRESS 19000 S.W. 192ND ST. MIAMI FL 33187 CITY ST JP MIAMI FL 33187	City & State		City & State		4. FEI Number 74-31058	336	Applied For Not Applicable	
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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 accepted by the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and life if explicable INOTE Registered Agent signature reduced when reinstating) DATE	116 N.W. 85TH CT.			Street Address	Street Address (P O. Box Number is Not Acceptable)			
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 accepted agent. SIGNATURE Signature, lyped or printed name of registered agent and title if applicable INOTE Registered Agent signature reduced when reinstating) DATE	; 			City		EI Zıp	Code	
The obligations of registered agent. SIGNATURE Signature, yourd or printed name of registered agent and life if applicable //NOTE Registered Agent signature reduced when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	9 The above	a named antity submits this statement for	or the numbee of changing its re	edistared office or regist	ered agent or both in the State of	1	with, and accept	
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11	After	r May 1, 2005 Fee Will Be \$550.00	Of State				\$5.00 May Be Added to Fees	
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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 direct 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 1					1	and the contract of the contra	alle at Cardinates 12	

07-20-2005 (786) 412-7121