2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 22, 2005 08:00 AM Secretary of State

| 1. Entity Nam | MENT # P0300011306 | 5 | | Secretary of State |
|---|---|---|--------------|--|
| Principal Place 440 SW 80 A MIAMI, FL 3: | AVE | ailing Address 140 SW 80 AVE NAMI, FL 33144 | | THE CONTRACT OF A STATE AND CONTRACT AND A STATE OF THE CONTRACT OF THE CONTRA |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 04182005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 20-0306193 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| SOCARRAS, CARLOS A 440 SW 80 AVE MIAMI, FL 33144 DO NOT WRITE 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 of printed name of registered agent and rille 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 Added to Fees 10. OFFICERS AND DIRECTORS | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST SOCARRAS, CARLOS A 440 SW 80 AVE MIAMI, FL 33144 | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | U00000324478 04/22/05-80034-009 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | DO NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | _ | | = | IN THIS SPACE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | _ | |
| NAME STREET ADDRESS 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)(f). Florida Statutes 1 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 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. | | | | |