## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 08, 2004 8:00 am Secretary of State

ANNUAL REPURI				05-10-2004 90479 029 ***150.00	
1. Entity Nan	MENT # P03000125	019			
Principa! Plac	ce of Business	Mailing Address			4/ 1/20
3532 SW 14		3532 SW 143 PLACE		-26-6	46-1629
MIAMI, FL 3	33175	MIAMI, FL 33175 -			
:	1			V LIBORIEN DI BERGORINE ARIJI E	DIG SOLET TOPIO JACK PITA ODIOR CORO O TROOP IS NO DE
2. Principal Place of Business 3. Mailing Address					
3532 Sw. 1438C - 3532 Cw. 1438C - 1 HURRING HILLIAN HI					
Suite, Apt.	. #, etc.	Suite, Apt, #, etc.		04262004 Chg-P	CR2E034 (10/03)
City & Stat		0		4	
M		City & State		4. FEI Number	Applied For Not Applicable
Zip	Country	Zip	Country		\$9.75 Addition
23	475	C	33175	5. Certificate of Status Desi	Fee Required
	6. Name and Address of Current I	Registered Agent		7. Name and Address of N	lew Registered Agent
Name Name					
CRUZ, ESTHER  3532 SW 143 PLACE Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33175					
]	••				
,	•		City		Zip Code
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regis	tered agent, or both, in the State	, ,
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.					
CICMATURE		>-Esther	Curz	•	4/30/00
SIGNATURE Constitute, typed or primed nargater fogular gard and 140 if applicable. (NOTE; Registered Agent signature required when remotality)  DATE					
FILE NOW!!! FEE: 15: \$150:00 - ,9. Flootion. Campaign Financing - \$5.00 May Ba  After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.					
10.	D :		11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11 ,
TITLE NAME	CRUZ, ESTHER	Delete	, tilfe	•	☐ Change ☐ Addition
STREET ADDRESS	3532 SW 143 PLACE		STREET ADDRESS		
CITY-S1-ZIP	MIAMI, FL 33175		CITY-SI-ZIP		
IULE		☐ Deleta	TITLE		Change Addition
NAME	,	•	NAME		1
STREET ADDRESS CITY-S1-ZIP			STREET ADORESS CITY-ST-ZIP		j
TITLE	<u> </u>				
NAME		☐ Deleta	TITLE	•	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	,	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	-	Delete	TITLE		☐ Change ☐ Addition
MAME			NAME		
STREET ADDRESS CITY+S1-ZIP			STREET ADDRESS CITY-ST-ZIP		1
TITLE	معير م	s . Dodge	TITLE		Change   Addition
HAME		C Defete	NAME		Change Addition
STREET ADDRESS	1		STREET ADDRESS		· )
CITY-ST-ZIP			CITY-ST-ZIP	·	
TALE		☐ Ociete	TITLE		☐ Change ☐ Addition
NAME	Į.		NAME		!
STREET ADDRESS CITY-ST-ZIP		•	STREET AODRESS 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)(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 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.					
0104447	11DE ///		Esther	4/2n	104 305559-20-1
SIGNATURE: DAY TYPED OR PANTED NAME OF SHOREING DIFFICER OR DIRECTOR CW7- Pale Dayling Phone #					
					<b>.</b>