2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 13, 2004 8:00 am Secretary of State

1. Entity Nam	MENT:# P030001	25633				9-13-2004 90	1006 037	***150.0	,
,	ce of Business	Mailing Address					5	40728	139
4045 SW 108 MIAMI, FL 33		4045 SW 108 COURT MIAMI, FL 33165			1 1 1 4			,	
	<u> </u>				1014114141				
2. Principal P	Place of Business	3. Mailing Address) 1 (1 (4) 1 (() () ()	6/10 14/4. 61 /4 66 /4. 60 /4		NA AMAT MÁTRAI	
Suite, Apt.	#, etc. 1 / / /	Suite, Apt. #, etc.			09092004	Chg-P	CR2E0	34 (10/03)	
City & Stat	te a	City & State			4. FEI Number	107488	36		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Add	litional
	6. Name and Address of Curr	rent Registered Agent			7. Name and #	ddress of New R			
MOTOLA	BERNARDO	•	1	Vaine				مستقر	
301 ALMÉ	RIA AVE STE 345	Same and a	S	Street Address	(P.O. Box Number	is Not Acceptable)	\ \frac{1}{2}	
				City			FL	Zip Cod	e
8. The above	named entity submits this stateme	ent for the purpose of changing if	s registered o	office or registe	ered agent, or both	, in the State of Flo		familiar with.	and accept
				-	g ,				
_	tions of registered agent.								
SIGNATURE	tions of registered agent.	agent and title if applicable. (NC	TE: Registered Ag	pert signatura require	ad when reinstating)	t at, "	DATE		
 		0 , ; 9. Election Camp	aign Financin	9 \$5	5.00 May Be	In accordance v	vith s. 607	.193(2)(b), e the prior r	F.S., the
FII D	Sgnature, typed or printed name of registered LE NOWIII FEE IS \$150.0 LE by September 8, 2004 OFFICERS	9. Election Camp Trust Fund Cor	aign Financin	9 \$5	5.00 May Be ded to Fees	In accordance v	vith s. 607 not receive	e the prior r	notice.
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I nereby certify that the information supplied with this filling dose 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 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.

CNATURE:

CRASTURE:

ENGNATURE AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR