## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 12, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P03000130 vting, inc.			05-12-2004 90208 028 ***150.00					
Principal Place of Business		Mailing Address		35667U62					
18285 E COLONIAL DR ORLANDO, FL 32820		18285 E COLONIAL DR ORLANDO, FL 32820							
Principal Place of Business     Mailing Address     Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292004	Chg-P	CR2E03	34 (10/03)		
City & State		City & State		4. FEI Number	-038 6	085	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and	Address of New	Registered A	gent		
SANCHEZ, EDISON									
18285 E COLONIAL DR ORLANDO, FL 32820			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
	<u></u>	<del></del>				<del>-</del>	T = - 0 1		
			City			<u>FL</u>	Zip Code		
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 Wheat or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FIL After M	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr		55.00 May Be dded to Fees		44 - 4		7	
.10	OP OFFICERS AND		-11	ADDITIONS/C	CHANGES TO OF	FICERS AND			
NAME	DP SANCHEZ, EDISON	Delete	TITLE '				☐ Change	☐ Addition	
STREET ADDRESS	18285 E COLONIAL DR	• • •	STREET ADDRESS		``	$\sim$	115,114.	ر بر	
CITY-ST-ZIP	ORLANDO, FL. 32820	Пън.	. CITY-ST-ZIP				☐ Change	☐ Addition	
. NAME	MALAGON, SYLVIA	☐ Delete	TITLE NAME				☐ Clange	☐ Addrion	
STREET ADDRESS	18285 E COLONIAL DR		STREET ADDRESS						
CITY-ST-ZIP	ORLANDO, FL 32820	☐ Delete	CITY-ST-ZIP		-	<del> </del>	☐ Change	Addition	
NAME	į	. Delete	NAME				CJ Glange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS*		<del>-</del>				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP		·	CITY-ST-ZIP						
TITLE NAME		Delete	TITLE NAME		-		☐ Change	☐ Addition	
STREET ADDRESS	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		STREET ADDRESS  CITY-ST-ZIP				tion is		
TITLE	Seque e oblomation;	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	SN KORELL FET U.)	mry . 1	NAME STREET ADDRESS				fjj tjála	ا د د م	
_CITY-ST-ZIP	[ 555	<u> </u>	CITY-ST-ZIP.				- 1 - 1 - 1 - m		

-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 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.

SIGNATURE: X 60100 N SANCHEC
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR