2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jun 07, 2004 8:00 am Secretary of State

1. Entity Name	MENT # P03000147	477				94 90769 010		
Principal Place of Business		Mailing Address			00180103			
4988 ATLANTIC BLVD MARGATE FL 33063		4988 ATLANTIC BLVD MARGATE FL 33063			1			
	7			1				
2. Principal Pl	ace of Business	3. Mailing Address	7					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)			
City & State	9	City & State		4. F	57- 1201	353		olied For Applicable
Zip	Country	Zip	Country	5 . 0	Certificate of Status Desire		3.75 Addi e Required	
	6. Name and Address of Curre	ent Registered Agent		7. N	lame and Address of Ne	rw Registered Ag	ent	
			Name					
DIXON, DAVID 4988 ATLANTIC BLVD MARGATE FL 33063			Street Ad	oress (P.O. B	s (P.O. Box Number is Not Acceptable)			
MAH	MGATE'RL 33063			_				
			City	FL Zip Code				
SIGNATURE .	ions of registered agent. : Signature, typed or printed name of registered a	auto autorial fail	DTE: Registered Agent signatur	e required when to	on stating)	DATE		
the obligation of the obligati	Signature, typed or printed name of registered as III.E. NOW!!! FEE: IS: \$150.00 FMsy11, 2004 Fee, will be \$550.	00 ni of State	DTE: Registered Agent signatur		9. Election Campaig Trust Fund Contrit	n Financing Dution.	Added	O May Be to Fees
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12. Thereby certify that the information supplied with this filling does not quality 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 truetee empowered tolexecute his 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:

ECTOR DAVIO DE

954.971 400