## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000016380** 

## FILED Mar 14, 2005 8:00 am Secretary of State

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Pinticipal Pilace of Business   S744 SW 53 ST   COUPER CITY, FL 33328   S744 SW 63 ST   COUPER CITY, FL 33328   S744 SW 63 ST   COUPER CITY, FL 33328   S0026512	1. Entity Nary KEVIN FL		NC.		e e descriptor y la company La company de la company La company de la company La company de la compa							
2. Principal Place of Business   3. Mailing Address   4. Fil journey   5. Captillary of Satus Desired   5. Tourney   5. Captillary of Sa	Principal Plac	e of Business	<del></del> .	М	Mailing Address							
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Suite, Apt. #, etc.	COOPERCIT	1, 11 33320	l	U	OUPER CITT, FE 333	20		) ( <b>182</b> 0 <b>08</b> ) ((181	niji Bibir sani abili bi	erri <b>salati ilbin</b> i	FILM M (DEST.   M111) & M	11 <b>68</b> 1 11 <b>136</b> 1
City & State    City & State   City & City	-	lace of Busin	ess	3.	3. Mailing Address							
Zip	Suite, Apt.	#. etc.			Suite, Apt. #, etc.			03092005	Chg-P	CR2E	034 (10/03)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roofide. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Roofide. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Sprake Address (P.O. Box Number is Not Acceptable)	City & State				City & State			7790	9			
FLORES, KEVIN 8744 SW 53 ST COOPER CITY, FL 33328    City   FL   Zip Cools	Zip	Zip Country			Zip	try						
FLORES, KEVIN 8744 SW 53 ST COOPER CITY, FL 33328    Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current R							7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	FLORES	KEVIN					Name .					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Special part of registered agent and to 4 applicable   (NOTE Registered agent per property and part of registered agent per pose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the property of the state of Rorida. I am familiar with, and accept the property of Rorida agent and the State of Rorida agent and the State of Rorida agent agent and the state of Rorida agent	8744 SW 53.ST				Street Addre			(P.O. Box Number is Not Acceptable)				
B. 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  Spatiant typical or prince have of registered agent was the 4 septicable. (NOTE flogitance Agent expentive movement with numbers).  PLIE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$250.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  Defens TILE  OOPER CITY, FL 33328  OTH-ST-2P  TILE  OOPER CITY, FL 33328  TILE  NAME  SIREET NORESS  CITY-ST-2P  TILE  OBeles  TILE  OBELE	COOPER CITT, PL 33326											1.1
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12. Thereby certify that the information supplied with this filling 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 applicase, with all other like empowered. 954-600

SIGNATURE: X