## FILED Apr 26, 2005 8:00 am Secretary of State 03-23-2005 90023 006 \*\*\*150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCU 1. Entity Nam ELEYEM	ne	# P04000031								
Principal Place of Business Mailing Address						1				
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2. Principal Place of Business 3. Mailing Artiress										########
Z. Principal P	Tace of Busin	1633	3. Mailing Address	J. Masting Address						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			03082005	Chg-P	CR2E03	4 (10/03)	
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City & State			City & State			4. FEI Number			A	optied For
				•	5a - 2440890 Not Applicable			ot Applicable		
Zip Coun		Country	Zip		ntry	5. Certificate of Status Desired 38.75 Additional			lanottib	
				L		J. Certificate of	Status Desired		ee Require	
	8. Name	and Address of Current	Registered Agent	_		7. Name and A	ddress of New Re	gistered A	gent	
					Name					
SPIEGEL & UTRERA, P.A.										
1840 SW 2		I FL		Sirect Address (	ess (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33145									
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the obligat	riamed engl Hons of recist	y submits this statement for	the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flor	ida. I am fa	miliar with.	and accept
the obligations of registered agent.										
SIGNATURE										
	Signature, typed	or present name of registered agent a	nd rate appacable. (NOT)	E: Flegare	d Agent agnatura required	when reinstating)		DATE		
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FIL	E NOW!!!	FEE 18 \$150.00	9. Election Campai			.00 May Be				
		5 Fee will be \$550.0	Trust Fund Cont	ribution.	□ Add	ed to Fees			•	
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12. I bereby o	certify that the	information sumplied with	this filing does not qualify for	the eve	motion stated in P-	ction 110 A7/24/1	Elorida Cinterna	wther ===*'4	thet !	<del></del>
indicaled	on this repo	t or supplemental export is	true and accurate and that n	we exe Ty signa	implion stated in Set ture shall have the s	same legal effect a	riorioa Statutes. I h s if made under oa	winer cerbh th: that I am	y inai ine in I an officer	normation :
of the cor	poration or th	ne receiver or trusted empo	true and accurate and that n wered to execute this report ith all other like empowered.	as requi	red by Chapter 607	, Florida Statutes;	and that my name	appears in l	Block 10 or	Block 11 II
changes.	. Or On an act	Coment with 80 800 less.	un an omer ikë ëmpowered.							1
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