2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 27, 2005 8:00 am Secretary of State

1. Entity Name	MENT # P04000068 ing corp.	274				01-27-200	5 90056	012 ***1	50.00
Principal Place		Mailing Address	=					Enn	07439
7220 NW 77TH STREET MIAMI, FL 33166		7220 NW 77TH STREET Miami, Fl. 33166					อบบเ	01499	
		To Malian Address							
2. Principal Place of Business		3. Mailing Address				8 811/1 814 1E 88/11 8 911/1 8 8	19 3 1 1 1	10 11111 11111 610	lbb 103
Suite, Apt. #. etc.		Suite, Apt. #, etc.			01202005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Numbe	10537	53	<u> </u>	plied For t Applicable
Zip	Country Zip		Country' _		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
MORA, JORGE				Name					
7220 NW 77TH STREET				Street Address (P.O. Box Number is Not Acceptable)					
WINNER TE SOTO									
•	÷ .		City				FL	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, typed or printed name of registerure agent and late if accircatio. (NOTE: Redistered Apart signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin. Trust Fund Contribution					.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS 11				ADDITIONS,	CHANGES TO OF	ICERS AND		
TITLE NAME	D Delete TITE			- 1				Change	Addition
STREET ADDRESS	7220 NW 77TH STREET			ET ADDRESS					
CITY - ST - ZIP	MIAMI, FL 33166		CITY	-ST-ZIP					
MILE	D	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	MORA, JORGE 7220 NW 77TH STREET STR			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166			-S1-ZIP					
TITLE	D	☐ Delete	TITLE	:				☐ Change	Addition
NAME	MORA, KELLY		NAM						
STREET ADDRESS CITY-ST-ZIP	7220 NW 77TH STREET MIAMI, FL 33166			ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAM	E				•	
STREET AUGRESS CITY-ST-ZIP				ET ADORESS - ST-ZIP					
TILE		Defete	TITLE					☐ Change	Addition
NAME		CJ Delete	NAM	i			•	change	□ Mudition
STHEET ADDRESS			•	ET ADDRESS					
CITY-ST-ZIP				-S1 -ZIP					
TITLE NAME		☐ Delete	TITL! NAM					Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-\$T-ZIP	-				
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 attactory my with an address, with all other like empowered.									