## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANITOAL REPORT						03-15-200	5 90029 015 **	**150.00	
1. Entity Nam	MENT # P0400008	81323				03 13 200	3 30023 013	;	
Principal Place of Business , Maifing Address				7.5	Kindani.		to Mark the	100	
15342 S.W. 20TH STREET MIRAMAR, FL 33027		15342 S.W. 20TH STREET MIRAMAR, FL 33027		บบบัล พระกา	<b>.</b>	660100	37.17.11.13		
						ECUR UNIO COM ESTA FINO	HI HAN 911 (11)		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042005				
City & State		City & State			4. FEI Numbe 20-		8 /	ot Applicable	
Zip	Country	Zip	Count	тy	5. Certificate	of Status Desired	S8.75 Ac		
	ent Registered Agent	<u> </u>		7. Name and Address of New Registered Agent					
	<del></del>	Name							
15342 S.W	RS, JEFFREY; V. 20TH STREET I, FL 33027		Street Address			P.O. Box Number is Not Acceptable)			
	7				<del></del>		,		
				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 registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)  CATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE	D	C Delete	TITLE	1		-	Change	Addition	
NAME	CHAMBERS, JEFFREY		NAME					1	
STREET ACCORESS CITY-ST-ZIP	15342 S.W. 20TH STREET MIRAMAR, FL 33027			et adoress -St-Zip				ļ	
MUE	WIII O WAR CLIFFE SOUZI	□ Delete	TITLE				☐ Change	- Iddition	
NAME		□ vaze	NAME					Addition	
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CITY-ST-ZIP	<u> </u>		CITY-	·51-18P				1	
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NAME			NAME	: <b> </b>		_			
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	<u> </u>	<del></del>		-ST-ZIP					
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CITY-SI-ZIP	,			-ST-ZIP					
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STREET ADDRESS				ET ADDRESS	-			į	
CITY-ST-ZIP	ļ		CITY-	ST-ZEP					
TITLE		☐ Delete	TITLE	1			☐ Change	Addition	
NAME STREET ADDRESS			NAME	i					
CITY-ST-ZIP				T ACORESS ST-ZIP				j	
	certify that the information a molicel	with this liling does not qualify 4-			otion 110 07/01/0	Dodge Control	halbar anatherine	information.	
12. I hereby 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: Dekkrey & Chambers JEFFREY L CHAMBERS 3/12/05 954 243 7843									