2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

Pinnopal Piece of Business 1385 W. CAMNO REAL BOOK RATON, FL 33486	DOCUI 1. Entity Nam CEDO MO				01-10-2005 90020 043 ***150.00					
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City & State Normal Address of New Registered Agent Normal Address of New Registered Agent Normal Address of New Registered Agent Normal Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) City FL City FL City FL City FL City Code Streat Address (P.O. Box Number is Not Acceptable) Signature in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida agen	•	.,		5. Wanking Address			AMSIY MIRTI WASII WASII MATI			1001 1601
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MILLER, JOHN P 2499 GLADES ROAD SUTE 305A BOCA RATON, FL 33431 6. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent agent. SIGNATURE Signature, Injured or printed name of implaced agent and of registered agent agent. PLE NOWILL FEE IS \$150.00	Zip	Country	Zip	Cour	itry	5. Certificate	of Status Desired		8.75 Add	litional
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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	CITY-ST-ZIP			CITY	-ST-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 relevier 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.	12. I hereby of indicated of the cor	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee or	with this filing does not qualify ort is true and accurate and the ampowered to execute this rep	for the exe at my signa ort as requi	mption stated in Se ture shall have the red by Chapter 60	ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes. I ct as if made under d es; and that my name	l further certifoath; that I are appears in	y that the in n an officer Block 10 or	nformation or director Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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