2004 FOR PROFIT CORPORATION ANNUAL REPORT

tenomo.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 13, 2004 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPURI					Secretary of State		
1. Entity Name	MENT # P9300000256 RDOMO, P.A.	1			Secretary of State		
Principal Place 231 ALTARA A CORAL GABLES	VE 2	ailing Address 231 ALTARA AVE ORAL GABLES, FL 33146	US		I F TENNI ANN DENG DIN TENU BENG DOKE NOOT AND ENDE HEND HEND NE NOOT		
DO NOT WRITE IN THIS SPAC			CE	01232004 4. FEI Numb 65-038	01232004 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent PERDOMO, MILLIE 231 ALTARA AVE CORAL GABLES, FL 33146			DO NOT WRITE IN THIS SPACE				
the obligatio	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 rame or registered agent and little a spokk links. INCLE Registered Agent agrature required when remaining. DATE						
	NOW!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		65.00 May Be added to Fees			
NAME STREET ADDRESS CNY-ST-ZIP TITLE AAME STREET ADDRESS CNY-ST-ZIP	OFFICERS AND DIRE D PERDOMO, MILLIE 231 ALTARA AVE CORAL GABLES, FL 33146	CTORS			090000160151 05/13/04-80009-017 150.00		
TITLE NAME STREET ADDRESS CITY STORP TITLE NAME STREET ADDRESS CITY STORP THLE NAME STREET ADDRESS CITY STORP TITLE NAME STREET ADDRESS CITY STORP TITLE NAME STREET ADDRESS					NOT WRITE THIS SPACE		
indicated of the corp	an thic raport or elimplemental tabort is true	and accurate and that my sight ed to execute this report as requ	il eved iledə əndir	ne same legal elle)(i), Florida Statutes, I further certify that the information act as if made under oath; that I am an officer or director les, and that my name appears in Block 10 or Block 11 ii		