## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 08:00 AM Secretary of State

PROPERTY PROPERTY LIGHTS  PACK RATION, FL 33434  PO NOT WRITE IN THIS SPACE    A Fig Management of the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am semillar with, and accept the fire designation of registered agent or registered agent.	1. Eatity Name	MENT # P930000171 AMI CORP.	37			Sec	retary	oi State	
DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0397849	9742 RICHMA	42 RICHMAN CIRCLE 9742 RICHMAN CIRCLE							
DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0397849  5. Certificate of Status Cestred   Set Additional   Se					i samitara n	ise istus (list watt baff sail	i salst (1832 tale21 to	### ##################################	
S. Name and Address of Current Registered Agent  KALKAS, MARTII 245 SE 1ST ST STE: 311 MIAMI, FL 33133  B. The above named entity submits this statement for the outpose 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.  SIGNATURE.  SIGNATURE.  SPILE NOWILI FEE IS \$150.00  OPFICERS AND DIRECTORS  10.  OPFICERS AND DIREC	D	O NOT WRITE	CE	4. FEI Numb	Det	CR2E034 (	Applied For		
EXALKAS, MARTII 245 SE 1ST ST STE 311 MIAMI, FL 33133  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   Signature registered agent   MOTE Registered Agent entitle   MOTE Registered Agent entitle   MOTE									
TILE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST	245 SE 1ST STE. 311	MARTII FST							
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  IDDD00137838  04/29/04-80056-024 150.00  Trust Fund Contribution.  T	the obligations of registered agent.  SIGNATURE								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE RUTHIII FEE (9 \$ 150 LUG				5.00 May Be ided to Fees	מממממ	137838		
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	PSTD NETO GALVAO, OLAVA 9742 RICHMAN CIRCLE	RECIONS			NOT W	RITE	4 150.00	
indicated on this report or supplemental report is true and appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied with this report or supplier with the on the report of supplemental report is to	s sling does not qualify lof the exe	mption stated in S ture shall have the	Section 119.07(3) e same legal effer	(i), Florida Statutes. I	further certify thath; that I am a	hat the information	