2005 FOR PROFIT CORPORATION

MIGNATURE AND TYPED OR ONTHE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

·.	FILED Jan 07, 2005 08:00 A Secretary of State							
		. = .						
	01052005 No Chg-P CR2E034 (10/03)							
	4. FEI Number Applied For 65-0397329 Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required							
	DO NOT WRITE							
	IN THIS SPACE							
gister	ed agent, or both, in the State of Florida. I am familiar with, and accept							
required	when reinstating) DATE							
\$5. Adde	00 May Be ad to Fees (100000174247							
	DO NOT WRITE IN THIS SPACE							
								

Daytime Phone #

ANNUAL REPORT					Jan 07, 2005 08:00 A			
1. Entity Nan	MENT # P9300002276				eretary of S			
12475 SW 5 FT. LAUD, FI	8 ST <u> </u>	latting Address 12475 SW 58 ST T. LAUD, FL 33333 US					(4) (
				01052005	No Chg-P	CR2E034 (10/03)		
	OO NOT WRITE II	CE	4. FEI Numb 65-039 5. Certificate		\$8.75 Additio	pplicable		
	6. Name and Address of Current Regis	stered Agent				Fee Required		
SAMUELSON, WALTER T 12475 SW 58TH ST FT. LAUDERDALE, FL 33330				_	NOT W THIS SP		i	
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and	l accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	ii applicativa. (NOTE. Registere	o Agent signature required	(when reinstating)		DATE	 ·	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			~ _ ~~.	.00 May Be ed to Fees	(100000) 01 (07) (05	174247	ra A	
10.	OFFICERS AND DIRE	CTORS			\$17 441 722	50050-023-158.	W	
NAME STREET ADDRESS CITY-ST-ZIP	PSD SAMUELSON, WALTER T 12475 SW 58TH ST FT. LAUD, FL 33330							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						· ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		40.00		DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP						popular or	******	
12. I hereby of indicated of the corchanged,	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address with all	ing does not qualify for the exer and accurate and that my signat to execute this report as require other like empowered.	nption stated in Ser ure shall have the s ed by Chapter 607	ction 119.07(3)(ame legal effec , Florida Statute	I), Florida Statutes. I t as if made under o s; and that my name	further certify that the inforr ath; that I am an officer or c appears in Block 10 or Blo	nation irector ck 11 if	