2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 22, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P9300004428				•
326 MIRACLI	E MILE	Mailing Address 326 MIRACLE MILE CORAL GABLES, FL 33134			
				01132005 No Chg-P CR2E034 (10/03)	
E i	OO NOT WRITE I	N THIS SPAC	CE	4. FEI Number Applied For Not Applicable 5. Certificate of States Position	le
	6. Name and Address of Current Regi	stered Agent		5. Certificate of Status Desired Fee Required	_
PADRON, LUIS G 1250 FUNSTON STREET HOLLYWOOD, FL 33019				DO NOT WRITE IN THIS SPACE	
B. 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 Significantly submits 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. Significant statement of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstanting) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees					
10. TITLE	OFFICERS AND DIRE	CTORS	<u> Germanen an an</u>		
NAME STREET ADDRESS CITY-ST-ZIP	PADRON, LUIS G 1250 FUNSTON STREET HOLLYWOOD, FL 33019			000000324426 04/22/05-80094-006 150.00	
DULE NAME STREET ADDRESS CITY-ST-ZIP				may criving London-Lond 1901in	
TITLE NAME STREET ADDRESS CHY-ST-ZP			gert er in Same er er ett spanne	DO NOT WRITE	
tifle Name Street Address City-St-Zip				IN THIS SPACE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in and an expert of the control of 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			aniv		
12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). 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 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 acores, with all other like empowered					
SIGNATURE: KW M YOU Luis G. Padron 4-20-01 905 812					