## 2004 FOR PROFIT CORPORATION

## **FILED** 2004 09.00 AM

Principal Pice of Business   Mulling Address	ANNUAL REPORT				Apr 20, 200 <sup>2</sup>	4 US:UU AIVI
Principal Place of Business  1495 W 3RD AVE HIALEAR, FL 33010  AND ONOT WRITE IN THIS SPACE  OCCURRENT Register of Applies For FS-0-459164  S. Certification of Status Desired S. Certifi					Secretary of State	
DO NOT WRITE IN THIS SPACE    A FEI Number   September			ERVICE, INC.			
DO NOT WRITE IN THIS SPACE    C2222004   No Chg.P   CR26034 (10/05)	Principal Plac	e of Business	Mailing Address			
DO NOT WRITE IN THIS SPACE    C2222004   No Chg.P   CR26034 (10/03)					-	
DO NOT WRITE IN THIS SPACE  4. FEI Number   55-0459164   1/204 Applicable For   55-0459164   1/204 App	HIALEAH, FL	33010	HIALEAH, FL 33010			
DO NOT WRITE IN THIS SPACE  4. FEI Number   55-0459164   1/204 Applicable For   55-0459164   1/204 App					)	
## Applied For 15th Annual Address of Current Registered Agent    A. FEI Number   S5-0459164		<u> </u>				
## Applied For 15th Annual Address of Current Registered Agent    A. FEI Number   S5-0459164					ODDOODA No Char B OF	DOE004 (40/00)
St. Name and Address of Current Registered Agent    BURGOS, ISRAEL A 1495 W 3RD AVE   HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE				U2222004 Nd Cng-P CF	
6. Name and Address of Current Registered Agent  BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  SPACE  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. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the state of Florida. Lam fam		O NO! WINIL	- IN THIS SPA	· · · · · · · · · · · · · · · · · · ·		
BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Speaker, upped or retest tome of registered agent.  DO NOT WRITE IN THIS SPACE  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 Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florads. Lam familiar with, and accept the obligations of registered agent.  10.			-			
BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Speake, typed or owned owned on general days and the Astericate.  POTE Registered Apent spreade required when insustancy  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  THE NAME STREET ADDRESS  OTY-SI-ZP  HIALEAH, FL 33010  DO NOT WRITE INTER  NAME STREET ADDRESS  OTY-SI-ZP  THE NAME STREET ADDRESS  O	- <del> </del>		<u></u>	, , , , , , , , minim	5. Certificate of Status Desired	Fee Required
## HALEAH, FL 33010  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 Flonda. Lam familiar with, and accept the obligations of registered agent.    SIGNATURE		6. Name and Address of Current	Registered Agent		** *** * * * * * * * * * * * * * * * *	The second second
## INTERPRETATIONS  ### INTERP					DO NOT WRI	TF
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or preservance of segment depends only to a principle.   (NOTE, Registered Aprel agreet required when remaining)   DATE      FILE NOW!!! FEE IS \$150.00   P. Election Campaign Financing   \$5.00 May Be Added to Fees						-
SIGNATURE Signame, yeard or general remove of registered agent and time attended. In MOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signame, yeard or general remove of registered agent and time attendate. INCITE Registered Agent signature required when reassering)  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIFFECTORS  THE BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  ITHE MAKE STREET ADDRESS CITY-ST-2P  TITLE MA	, ,,,,				IN THIS SPACE	CE
SIGNATURE Signame, yeard or general remove of registered agent and time attended. In MOTE Registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signame, yeard or general remove of registered agent and time attendate. INCITE Registered Agent signature required when reassering)  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIFFECTORS  THE BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  ITHE MAKE STREET ADDRESS CITY-ST-2P  TITLE MA				į		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TILE BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS C	8. The above the obligat	named entity submits this statement f	or the purpose of changing its registe.	red office or register		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  TILE BURGOS, ISRAEL A 1495 W 3RD AVE HIALEAH, FL 33010  TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS C	DIOMATURE					
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TILE DP  BURGOS, ISRAEL A  STREET ADDRESS  CITY-ST-ZIP HIALEAH, FL 33010  TILE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE	SIGNATURE.	Signature, typed or printed name of registered agen	and trie a applicable. (NOTE, Register	ed Agent signature required	when reinstating)	DATE
TILE MAME MANE MANE MANE MANE MANE MANE MAN					00 May Be ad to Fees	
TILE MAME MANE MANE MANE MANE MANE MANE MAN	10.	OFFICERS AND	DIRECTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	TILLE			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	<b>{</b>	I -		1	, LLQQQQQQ1239	985
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME				ı	04/26/0 <del>4</del> -801	00-014 158.75
STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADGRESS CITY-ST-2IP  TITLE NAME STREET ADGRESS CITY-ST-2IP  TITLE NAME STREET ADGRESS CITY-ST-2IP  TITLE NAME STREET ADGRESS CITY-ST-2IP  TITLE NAME STREET ADGRESS CITY-ST-2IP  TITLE NAME STREET ADGRESS CITY-ST-2IP  TITLE NAME	TITLE			1		
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				1		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME NAME NAME NAME				I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME NAME NAME					DO NOT WRI	TF
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	~					
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME NAME	]			1	IN THIS SPACE	CE
TITLE NAME STREET ADDRESS CITY-S1-7IP TITLE NAME	STREET ADDRESS					
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				4	=	
STREET ADDRESS CITY-SI-ZIP TITLE NAME		6		1		
TITLE NAME						
NAME .	CITY-SI-ZIP					
	i i			1		
WITHOUT THERMOOF	NAME STREET ADDRESS			Ì		

12. I hereby certify that the information supplied with this filling 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 acquired 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 trusted empowered to prepare 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 of territies empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PRICES OF MEETOR

(305) 883-4815