## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 25, 2005 08:00 AM Secretary of State

	MINITORN		****	- Convotant	of Ctate
DOCUMENT # P94000013299  1. Entity Name BRADFORD AND ASSOCIATES, P.A. CERTIFIED PUBLIC ACCOUNTANTS				Secretary of	n Stat
Principal Plac 2100 W. 761 SUITE 211 HIALEAH, FL	H ST.	Mailing Address 2100 W. 76TH ST. SUITE 211 HIALEAH, FL 33016			
				01282005 No Chg-P CR2E034 (10/0)	3)
	O NOT WRITE	IN THIS SPA	CE .	65-0474085	Applied For Not Applicable
<u></u> .				5. Certificate of Status Desired Fee Requ	ired
2100 W. 79 STE 211	6. Name and Address of Current F RD, JAMES N JR 6TH STREET FL 33016	egistered Agent		DO NOT WRITE IN THIS SPACE	
	named entity submits this statement for ions of registered agent.	the purpose of changing its registe	red office or registe	ered agent, or both, in the State of Florida. I am familiar wi	th, and accept
SIGNATURE_	Elignature, typed or praided name of registered agent a	A DATE Describerable A DATE Description	ed Agerr algnature required	ed wher ಾರ್ಪಿಟರ್ಎಲು) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina	ancing _ \$5	5.00 May Be Ided to Fees	•
10.	OFFICERS AND L	DIRECTORS			······-
HILE NAME STREET ADDRESS CHY-ST-ZIP	D BRADFORD, JAMES N JR. 2100 W. 78TH ST., SUITE 211 HIALEAH, FL. 33016				150,00
TITLE NAME STREET ADDRESS CRY-SI-ZIP					
IBLE NAME STREET ADDRESS CHY-S(-ZIP				DO NOT WRITE	
TATLE NAME STREET AUDRESS CITY-S1-ZIP				IN THIS SPACE	
NAME SHEET ADDRESS CITY- ST-ZIP					
TITLE NAME STRUM ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing 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 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 address, with all other like empowered.

SIGNATURE:

LONG A SIGNATURE SHEET IN SECTION SHEET OF SIGNING OFFICER OR DIRECTOR

8/2×105

(305)825-6286 Daydree Propol 6