## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 29, 2005 08:00 AM Secretary of State

> (305) 553-2244 Daytime Proce #

1. Entity Nan	MENT # P94000611	36			Se	cretary of State
	ce of Business OTH AVENUE 33164	Mailing Address 2205 NW 70TH AVENUE MIAMI, FL 33164				
	- Sec					
DO NOT WRITE IN THIS SPACE				03292005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For Not Applicable           65-0515739         Not Applicable           5. Certificate of Status Desired         \$8.75 Additional Fee Required		
CASADO, 2205 NW I MIAMI, FL	70TH AVENUE	gistered Agent		•	NOT W THIS SP	· · · · · · · · · · · · · · · · · · ·
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, typed of printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when relinatality)  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 ded to Fees		
10.	OFFICERS AND DI	RECTORS		,		
TITLE NAME	D CASADO, LILO		<b>-</b>			
STREET ADDRESS CITY-ST-ZIP	2205 NW 70TH AVENUE MIAMI, FL 33164				HOOOO	3244400
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		000000 04/29/05-	0341432 -80016-007 150.00
TITLE NAME STREET ADDRESS ( CITY-ST-ZIP				DO	NOT W	RITE
ntle name street address city-st-zip			in- lan-	·IN ·	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET 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 of 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 an accurate.						