2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN Secretary of State

1. Entity Nan	MENT # P940000748			Šec	retary	of State	
Principal Plac	e of Business	Mailing Address	<u>.1</u>	1			
9451 SW 21 MIAMI, FL 3		9451 SW 212 TERR ` MIAMI, FL 33189					
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<u></u>	A NOT MORE	11. T. 110. O. 1.	-	04182004	No Chg-P	CR2E034 ((10/03)
DO NOT WRITE IN THIS S			CE	4. FEI Numb			Applied For Not Applicable
					e of Status Desired		.75 Additional Required
	6. Name and Address of Current Re	gistered Agent	1-	J			s sequived
SMITH, DAVID R 9451 SW 212 TERR MIAMI, FL 33189			DO NOT WRITE IN THIS SPACE				
8. The above the obligation	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Fic	orida, I am famil	lar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	use if applicable. (NOTE: Requirem	d Agent signature require	d when sanstrong)	, · -	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			ncing\$5	.00 May Be led to Fees	U00000 05/04/04		22 150.00
10.	OFFICERS AND DIF	RECTORS .			<u> </u>		
TITLE NAME	SMITH, DAVID R						
STREET ADDRESS CITY-ST-ZIP	9451 SW 212 TERR MIAMI, FL 33189						
TITLE NAME		Attended to the state of the st	-				

DO NOT WRITE IN THIS SPACE

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 attackness with all other like empowered.

SIGNATURE: DAVID R. SMITH

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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