2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 08:00 AM Secretary of State

| Principal Place of Business Mailing Address 2040 NE 163RD ST P.O. BOX 601193 | |
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| 103 NORTH MIAMI BEACH, FL 33160 US | (1 % 18 (1 8 18(188) 1 (88) |
| 5. Certificate of Status Desired Fee | |
| BASS, LES 2040 NE 136RD ST SUITE 103 NORTH MIAMI BEACH, FL 33162 DO NOT WRITE | |
| 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 familiate obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Provided Provided Provided When reheating in the State of Florida. I am familiating in the State of Florida. I am familiating in the State of Florida. I am familiating | iar with, and accept |
| 10. OFFICERS AND DIRECTORS TITLE PDS NAME BASS, LES STREET ADDRESS 2040 NE 163RD ST STE 103 CITY-ST-ZIP NORTH MIAMI BEACH, FL TITLE NAME NAME U000002896 | 96 7-005 150 o |
| NAME STREET ADDRESS CITY-ST-ZIP TITLS NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE | . 333 13D.U |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | |
| NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1), Florida Statutes. I further certify the 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 a 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 Bio changed, or on an attachment with an address, with all other like empowered. | that the information an officer or director |