2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 23, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Feb 23, 2005 08:00 A			
1. Entity Nan	MENT # P940000858	53			Sec	retary of State	
240 WINDW/	ce of Business ARD PASSAGE R, FL 34630 US	Mailing Address 1001 MOREHEAD SQUARE DR SUITE 300 CHARLOTTE, NC 28203 US] 			
.	OO NOT WRITE	CE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent					
BOCK, SHARON R ESQ 255 ALHAMBRA CIR SUITE 610 CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the fitting of registered agent. Signature, typed or printed name of registered agent and		d office or register		the State of Florida	a I am familiar with, and accept	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE	RECTORS			0000002 2/23/05 -8	40214 0021-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					OT WA		
NAME STREET ADDRESS CITY-ST-ZIP				IN 111	IIS SPA	ICE	
title name street address. city-st-zip	we go to the second	and the same of the same			- प्राप्त कारण अ वि		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1				and the second of the second o	
12. I hereby of indicated of the corchanged,	Certify that the information supplied with the control on this report or supplemental report is for portation or the receiver or trustee empoying, or on an attachment with an address with	s filing does not qualify for the exemple and accurate and that my signatured to execute this report as requinal other like empowered.	nption stated in Se ure shall have the s ed by Chapter 607	ction 119.07(3)(i), Flor came legal effect as if , Florida Statutes, and	rida Statutes, i fur made under oath d that my name ar	ther certify that the information i; that I am an officer or director opears in Block 10 or Block 11 if	