FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCIMENT # P95000001909 Edity later College	ANNUAL REPORT				NA 02 2005 00 00 ANA		
DO NOT WRITE IN THIS SPACE A Name and Address of Current Registrated Agent C5-0546543 S. Certificate of Status Description Fig. Name and Address of Current Registrated Agent DO NOT WRITE IN THIS SPACE	1. Entity Name	•	9		May 02, 2005 08:00 AM Secretary of State		
DO NOT WRITE IN THIS SPACE A FEW Number A FEW	940 EAST 34	ITH STREET	940 EAST 34TH STREET		 	û lika. Pûlê dikîn bîrki rolîn bêri adîne make wun dikîr kukunc n klan	
ESCOBEDO, OSCAR 940 EAST 34TH STREET HALEAH, FL 33013 8. The above harmed early submits the statement for the purpose of changing lits registered appert, or both, in the State of Protice. I am familiar with, and accept the obligations of registered appert. SIGNATURE: FILE NOW!!! FEE IS \$150.00					04262005 4. FEJ Numb 65-D54	No Chg-P	
Pie obligations of registered agent. SIGNATURE SIGNATURE Proceedings of the process of the	ESCOBEDO, OSCAR 940 EAST 34TH STREET				"		
### FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 ### SECONDED, OSCAR ###	the obligations of registered agent.						
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Pres 10. OFFICENS AND DIRECTORS TITLE MAKE SIRETADORSS 107-51-2P HALEAH, FL 33013 100-51-104 MAKE SIRETADORSS 107-51-2P TITLE MAKE SIRETADORSS 107-51-2P TIT	SIGNATURE	Signature, 5 ped or printed Natherel registered errent and 5	te if applicable (NOTE Registers	od Agent signature regular	t when reinstating)	CATE	
TILE MARE SINGELLOOSES CITY-ST-2P FILE MARE MARE MARE SINGELLOOSES CITY-ST-2P DO NOT WRITE IN THIS SPACE THE IN THIS SPACE THE IN THIS SPACE IN THIS SPACE THE IN THIS SPACE THE IN THIS SPACE THE IN THIS SPACE THE IN THIS SPACE THE STREET ADDRESS CITY-ST-2P IN IL MARE STREET ADDRESS CITY-ST-2P IN IT I	FIL After M	E NOWIR FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00					
ESCOBEDO, OSCAR SINGTADDESS SINGTADDESS OFF-ST-3P ITULE MAR MAR SINGTADDESS OFF-ST-3P TILE MARE SINGTADDESS OFF-ST-3P TILE TILE TILE TILE TILE TILE TILE TIL			ECTORS				
INC.	I	1					
TITLE WARE STREET ADDRESS CITY-ST-ZP TITLE IN THIS SPACE THE IN THIS SPACE THE TITLE WARE STREET ADDRESS CITY-ST-ZP TITLE TITLE TITLE WARE STREET ADDRESS CITY-ST-ZP TITLE TIT	STREET ADDRESS	940 EAST 34TH ST.					
SIGNATURE: DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE IN THIS SPACE DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE THE INDUSTS OFF-51-FF INLE MANE STREET ADDRESS OFF-51-FF INLE MANE		HIALEAH, FL \$3013				U00000356950	
THE NAME SHEET ADDRESS CITY-SI-JIP INLE INTHIS SPACE THE INTHIS	1					05/04/05-80054-021 150-00	
THE NAME STREET ADDRESS CITY-ST-UP INCE IN THIS SPACE IN THE ADDRESS CITY-ST-UP IN THE NAME STREET ADDRESS CITY-ST-UP IN THE NAME IN THE NAME IN THE ADDRESS CITY-ST-UP IN THE NAME IN THE ADDRESS CITY-ST-UP IN THE NAME IN THIS SPACE IN THIS	1						
UNAME STREET ADDRESS CITY-ST-LIP ITHE STREET ADDRESS CITY-ST-LIP ITHE STREET ADDRESS CITY-ST-LIP ITHE STREET ADDRESS CITY-ST-LIP ITHE NAME STREET ADDRESS CITY-STREET ITHE NAME STREET ADDRESS CITY-STREET ITHE NAME STREE				-{			
ITILE IN THIS SPACE	MAME						
IN THIS SPACE IN THI	! · · · · · · · · · · · · · · · · · · ·				DO NOT WRITE		
SIGNATURE: CITY-51-//F STREET ADDRESS CITY-51-//F ITHE AMME STREET ADDRESS CITY-51-ZP ITHE 12. I have by certify that the information supplied with this libra does not qualify for the exemption stated in Section 1.19.07(3)(i), Floods Statistics, I further certify that the information indicated on this report or supplemental report is true and accounts and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition or the receiver or frustee empowered to execute this report as required by Chapter 807, Florida Statistics; 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: AMME STREET ADDRESS CITY-51-//F ITHE AMME STREET ADDRESS CITY-51-//F AMM	<u> </u>			1			
ITILE NAME STREET ADDRESS CITY-ST-DP ITILE NAME STREET ADDRESS CITY-ST-DP 12. I hereby certify that the information supplied with this filting close not qualify for the examption stated in Section 1.19.07(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 accless, with all other like empowered. SIGNATURE: WWW. Address of the composition 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 accless, with all other like empowered.	1				114	IIIIS STACE	
INCE NAME STREET ADDRESS CITY-ST-ZP 18.1. Thereby certify that the information supplied with this filting does not qualify for the examption stated in Section 1.19.07(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 accless, with all other like empowered. SIGNATURE: Augustic Statutes and that my name appears in Block 10 or Block 11 if other like empowered.	1						
STREET ADDRESS CRY-ST-DP INC NAME STREET ADDRESS CRY-ST-DP 12. I hereby certify that the information supplied with this filting close not qualify for the examption stated in Section 1.19.07(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 accless, with all other like empowered. SIGNATURE: Augustic Statutes and that my name appears in Block 10 or Block 11 if changed.	1			1			
ITILE NAME STREET ADDRESS CMY-ST-ZP 12. I hereby certify that the information supplied with this filting does not qualify for the examption 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 accrease, with all other like empowered. SIGNATURE: WARDLE STATUTE STATUTES AND STATUTES AND STATUTES AND STATUTES AND STATUTES AND STATUTES.	ŧ.			1		*	
NAME STREET ADDRESS CITY-ST-Ze 12. Thereby certify that the information supplied with this filting does not qualify for the examption stated in Section 1.19.07(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 other like empowered. SIGNATURE: What Contact Address and the contact as a contact as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered.	CITY-ST-DF		- <u>.</u>	1			
STREET ADDRESS CITY-ST-ZP 12. Thereby certify that the information supplied with this filting close not quality for the examption 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 occuproration 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 accless, with all other like empowered. SIGNATURE:	1						
12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Ronda 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 out; 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 accress, with all other like empowered. SIGNATURE:	STREET ADDRESS						
SIGNATURE: What an other like empewered 4 139/05		certify that the information atmoliad with this	S Right chase not qualify for the av-	emption stated in 9	action 1 f9 07/2	16) Poords Cigilian I further partity that the reference	
SIGNATURE: What an other like empewered 4 139/05	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 outly that 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						
	100						
, VEG LINARIA FORMA							