. 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

FILED
Jan 18, 2005 08:00 AM
Secretary of State

Daytime Phone #

ANNUAL REPORT				Jan 18, 2005 08:00 A
DOCUI 1. Entity Nam SILDEZ, I		<u>-</u>		Secretary of State
Principal Place of Business _ Mailing Address 1832 SHARONDALE DR CLEARWATER, FL 34615 Mailing Address 1832 SHARONDALE DR CLEARWATER, FL 34615		1832 SHARONDALE DR		
D	O NOT WRITE		CE	01102005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3291286 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, DANIEL L 1832 SHARONDALE DR CLEARWATER, FL 34615				DO NOT WRITE IN THIS SPACE
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 or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when renstating) DATE				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			.00 May Be 100000182606 ded to Fees 01/19/05-80035-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, DANIEL L 1832 SHARONDALE DR CLEARWATER, FL 34615	RECTORS		
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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 attachment with an address with all other like oppositions.				