## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P950000112			2001	o coor y		
Principal Plac 17230 NW 4 OPA LOCKA,	8TH PLACE	Mailing Address 17230 NW 48TH PLACE OPA LOCKA, FL 33055	<b>≹</b>				
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04252005 No Chg-P CR2E034 (10/03)  4. FEI Number			
17230 NW	DONOVAN 48TH PLACE KA, FL 33055	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the ions of registered agent.  Signature typed or prinze name of registered agent and to the statement of the statement		d Agent signature required		th, in the State of Flo	rida. I am fami	ilar with, and accept
10. THILE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PARKER, DONOVAN 17230 NW 48TH PLACE OPA LOCKA, FL 33055	ECTORS			U00000: 1/4/29/05-{	342414 80052-02	23 150.00
TITLE NAME STREET ADDRESS CITY - SY - ZIP TITLE	ST MCNALLY, NORLENE 17230 NW 48TH PLACE OPA LOCKA, FL 33055						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			·		.*		
NAME STREET ADDRESS CITY-SI-ZIP	certify that the information supplied with this on this report or supplemental report is true poration or, the receiver or trustee empower or on an attachment with an address, with	filling does not qualify for the exe and accurate and that my signa gd to execute this report as requi all other like empowered	mpilon stated in Se ture shall have the s red by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes, I ct as if made under o se, and that my name	further certify t ath, that I am a appears in Blo	hat the Information in officer or director ock 10 or Block 11 if

April 26,2005