## 2005 FOR PROFIT CORPORATION ANNUAL REPORT Mar 28, 2005 08:00 AM **FILED**

1. Entity Nam	MENT # P95000016 B. CABALLERO, P.A.	181		Secretary of State		
Principal Plac 9192 CORAL SUITE 201 MIAMI, FL 3	. WAY	Mailing Address 9192 CORAL WAY SUITE 201 MIAMI, FL 33165				
D	O NOT WRITE		CE	03222005 No Chg-P  4. FEI Number 65-0609126  5. Certificate of Status Desire	CR2E034 (10/03)  Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CABALLERO, MARCIA B 9192 CORAL WAY SUITE 201 MIAMI, FL 33165				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 little if applicable. (NOTE: Registered Agent signature required when rehistating)  DATE						
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees		
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I PSTD CABALLERO, MARCIA B 9192 CORAL WAY, SUITE 201 MIAMI, FL 33175	IRECTÓRS			⊓0278682 5-80097-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			### April 1 - 1	DO NOT IN THIS S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			September of Mills		name of the state	
12. I hereby indicated of the corchanged	certify that the information supplied with an this report or suppliemental resort is reoration or the receiver or fustage empty, or on an attachment with an appress,	this filing does not qualify for the ex rule and accurate and that my sign when to execute this report as req if all other like empowered.	remption stated in Se lature shall have the uired by Chapter 607	ection 119.07(3)(i), Florida Statut same legal effect as if made und 7, Florida Statutes; and that my r	es. I further certify that the information der oath; that I am an officer or director lame appears in Block 10 or Block 11 if	