2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # P95000018030	ANNUAL REPORT							_	Secretary of State				
Principal Place of Business 304 In W 38D STREET MAMIL 71 33125 23 I ATTARA AVAINUE CORAL GABLES, FL 33146 2- Principal Place of Business 3. Mailing Address Sulfo, Apr. #, etc. 3. Mailing Address Sulfo, Apr. #, etc. 5. Sulfo, Apr. #, etc. 5. Sulfo, Apr. #, etc. 5. Sulfo, Apr. #, etc. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Stephalous of Principal Place of Registered Agent 7. Name and Address of New Registered Agent 8. Stephalous of Registered Agent 7. Name and Address of New Registered Agent 8. Stephalous of Registered Agent 8. Stephalous of Registered Agent 7. Name and Address of New Registered Agent 8. Stephalous of Registered Agent 9. Stephalous of Registered Agent 1. Address of Registered Ag									04-22-200	4 90294	001 *6,00	00.00	
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City FL Zip Code 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 ne obligations of registered agent. SIGNATURE SPANAME Description DATE	3041 N.W. 3RD STREET						Street Address (P.O. Box Number is Not Acceptable)						
B. 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, tipsed or private raise of registered agent and title if explicable. (NOTE, Registered Agent signature required when monitorized) DATE FILE NOWILL ARTER May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ITTLE DPST CAOS, ANA OFFICERS AND DIRECTORS ITTLE MAME STREET ADDRESS CITY-ST-2P TITLE MAME							Oit.		·		Zin Cod		
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FILE NOW!! After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DPST													
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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12. Thereby 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 empowered.

CITY-ST-ZIP

CICNIATURE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 442-2863