## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 24, 2005 08:00 AM Secretary of State

	A	NNUAL I	REPORT					00.00 A
1. Entity Nam	MENT # P9		20			Sec	eretary	of State
13627 DEEF SUITE 1402	ce of Business = RING BAY DRIVE LES, FL 331 <u>58</u>	.:	Mailing Address 13627 DEERING BAY DRIVE SUITE 1402 CORAL GABLES, FL 33158			J J8586 BIJIJ 88/K 88JJJ 88		<b>.</b>
E			IN THIS SPA	CE	02172005 4. FEI Numb 65-061		CR2E034 (	. <del></del>
	5. Name and Addi	ress of Current Rec	pistered Agent					· · · · · · · · ·
SUITE 265	LYWOOD BLVD					NOT W		va v
	e named entity submits t tions of registered agen		e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orlda. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed run	ne of registered agent and t	itle if applicable. TNOTE Registers	d Agent signature required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
	E NOW!!! FEE IS by 1, 2005 Fee w		9. Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees			
10.		OFFICERS AND DIR	ECTORS			<del> </del>		
NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, ERIC 13627 DERRING B CORAL GABLES, I	BAY DRIVE # 1402	2			Hộngọi	2407 <u>3</u> 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						172724785-	RNN 12-006	i 150.00
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12. I hereby certify that the information supplied with this filling 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 eport 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 roceiver or trustee employered 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ORFICER ON DIRECTOR

12-21-05 305.977