2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State		
DOCUMENT # P95000081343				04-21-2004 90088 035 ***158.75		
	ALTY CORPORATION			!		
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Principal Place of B			440	32807		
8899 N.W. 18TH ⁻ Miami, FL 33172		8899 N.W. 18TH TERRACE MIAMI, FL 33172			•	
2. Principal Place of	of Business	3. Mailing Address				
8925 M	of Business W 2657	8925 NW 2655				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03312004 Chg-P CR2E034 (10/03)		
City & State	i.Fc	City & State		4. FEI Number 65-0621574	. *	Applied For Not Applicable
^{Zip} 3317		Zip 33/72	Country	5. Certificate of Status De		3.75 Additional e Required
6.	Name and Address of Current Re		7. Name and Address of New Registered Agent			
	Community of the Commun		Name			
GRAYSON, MO 25 SE 2 AVEN	OISES UE	Street Address	Street Address (P.O. Box Number is Not Acceptable)			
. SUITE 730	•	-				
MIAMI, FL 33131			City		FL	Zip Code
9 The above name	ed entity submits this statement for t	to purpose of changing its rea	nictored office or registr	ared agent, or both in the Str		alliar with and appear
	ed enary submits this statement for t of registered agent.	the purpose of changing its req	gistered office or registe	ared agent, or both, in the Sta	te or Florida. Tani lar	miliar with, and accept
SIGNATURE						
Signati	ture, typed or printed name of registered agent and	d title if applicable. (NOTE: Re	egistered Agent signature require	od when reinstating)	DATE	
FILE No After May 1	OW!!! FEE IS \$150.00 , 2004 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees		
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	IRECTORS IN 11
TITLE D	1.6	☐ Delete	TITLE			Change Addition
3	NTON, PEDRO 25 NW 26 ST.		NAME STREET ADDRESS			
1 -	AMI, FL 33172		CITY-ST-ZIP			
TITLE	100	☐ Delete	TITLE		[Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		-	(
TITLE _2= ==	Salama Lagranda	Delete	_TITLE	L Sacra LL	<u> </u>	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			•
TITLE		☐ Delete	TITLE			Change Addition
NAME OYDOGE ADDRESS			NAME CARREL ADDRESS			
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP			
TITLE			TITLE			Change Addition
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Пъ				Change Addition
NAME	1	☐ Delete	TITLE NAME		L	Tionarings (T. Modition)

12. I hereby certify that the information supplied with this fling 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 of trusteetempowered 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 explanation of the receiver of trusteetempowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301.477.561 -Davime Phone #