2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P9500008721	6			Secretary of State-
Principal Plac 8701 NW 13 MIAMI, FL 3	ITH TERRACE	Mailing Address 7900 NW 36 ST MIAMI, FL 33166 US			
DO NOT WRITE IN THIS SPACE				04202004 4. FEI Numbe 65-061	No Chg-P
ALVAREZ 7900 NW: MIAMI, FL		stered Agent	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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees	
10. HILE NAME SIREE I ADDRESS CHY-SI-ZIP HILE HAME SIREE I ADDRESS CHY-SI-ZIP	P ALVAREZ, VICTOR R 7900 NW 36 ST. MIAMI, FL	CTORS			U00000129323 04/26/04-80072-021 150.00
NAME SIRLE I ADDRESS CITY-ST-ZIP HILE NAME SIRLEI ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP					
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 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 smoothymers to execute his 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.					