## 2004 FOR PROFIT CORPORATION

## **FILED** 08:00 AM of State

Applied For Not Applicable Additional

ANNUAL REPORT			Apr 15, 2005 08:00		
DOCUMENT # P95000087  1. Entity Name SPIRIT FILLEÓ INVESTMENT CORI			Sec	cretary of Stat	
Principal Place of Business 9160 N.W. 32ND COURT ROAD MIAMI, FL 33147	Mailing Address 9160 N.W. 32ND COURT ROAD MIAMI, FL 33147	)			
			04122004 No Chg-P	CR2E034 (10/03)	
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0619908  5. Certificate of Status Desired	Applied For Not Applicable  \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent			1 66 Hequiles	
MCCRARY, JESSE J JR.ESQ 2800 BISCAYNE BLVD. 9TH FLOOR MIAMI, FL 33137			DO NOT WE	ACE	
The above named entity submits this statement for the obligations of registered agent.  SIGNATURE	the purpose of changing its register	ed office or register	red agent, or both, in the State of Flori	da. I am familiar with, and accept	
Signature, typed or printed name of registered agent	and title if applicable. (NOTE. Registers	d Agent signature required	d when reinslating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campaign Finar Trust Fund Contribution.	v	.00 May Be led to Fees		

			<u>L</u> _
10.	OFFICERS A	ום מע	RECTORS
TITLE	ВМ		

-----— U00000308727 04/1<u>6/05-80009-00</u>5 158.75 BROWNE, ALBERT NAME STREET ADDRESS 17501 N.W. 42ND AVE. CITY-ST-ZIP MIAMI, FL 33055 VΡ TITLE DANIELS, ALBERT JR NAME STREET ADDRESS 17619 NW 66 CT. CITY-ST-ZIP MIAMI, FL 33015 TITLE TD NAME SAMUELS, GENE STREET ADDRESS 7170 SW 8TH STREET PEMBROKE PINES, FL 33023 CITY-ST-ZIP TITLE FERGUSON, DANA NAME 8990 NW 188TH STREET STREET ADDRESS HIALEAH, FL 33018 CITY-ST-ZIP TITLE BERNARD, RICHARD NAME STREET ADDRESS 9160 NW 32 CT AVE CITY-ST-ZIP MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE

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 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 attachpagnit with an address, with all other like empowered.

SIGNATURE:

SD

JAMES, DAVID

14611 SW 37TH ST

MIRAMAR, FL 33027

TOTAL

STREET ADDRESS

CITY-ST-ZIP