2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P96000005611

1. Entity Name



FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90479 022 ***150.00

MARILYN D. GREENBLATT, P.A.					04-20-2004 3047 3 022 130.00
Principal Place of Business Mailing Address					
299 ALHAMBRA		299 ALHAMBRA CIRCLE			
SUITE 321		SUITE 321			94065979
CORAL GABLES	S FL 33134	CORAL GABLES FL 33134			
2. Principal Place of Business 2 3. Mailing Address				. 2.	
3211 PONCE DE LEON BUD. 3211 PONCE DE LEON BUD.					
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
208 City & State		City & State			4. FEI Number Applied For
CORAL	GABLES, FL Country	CORAL GABLES, FL		<u>_</u> _	65-0635828 Not Applicable
^{Zip} 3313	Y USA	33134	USA		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name Name					the control of the co
GREENBLATT, MARILYN D Street Address (P.O. Box Number is Not Acceptable)					
233 ALTAWARA CITICLE SALT PONCE DE LEGIO OCUP - 22/1 - PONCE - DE LEGIO BLUD					
CORAL GABLES FL 33134 Suite 208					
City CURAL GABLES FL 333134					
		the purpose of changing its	registered office or	register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligations	pf registered agent.				
SIGNATURE Julius W. Leunsland PRESIDENT 4/14/04 Signature, typed or priftyd name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) DATE					
FILE NOW!!! FEE IS \$150.00					
After May 1 2004 Fee will be \$550.00 \$5.00 May Be					
Make Check Payable to Florida Department of State					
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PS	TD	Defete	= -117LE		Change Addition
NAME GR	REENBLATT, MARILYN D		NAME	1	
STREET ADDRESS 29	9 ALHAMBRA GIRGLE, SUITE 32	1 3211 PONCE de	STREET ADDRESS	321	11 PONCE de LEON BLUD. SUITE 2008
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12. I hereby 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 corpora	ation of inelfeceiver of trustee emon	wered forevertite this report.	ny signature shall h as required by Cha	ave the sapter 607	same legal effect as if made under oath; that I am an officer or director 7, 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.					
CICALATI	DE / A Bull	11-Dia : 10 th	$\mathcal{H}_{\cdot \cdot \cdot}$		+ 4/W/N Butween
SIGNATU		RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Von	Date (301) (43-0506)
MARICYN D. GROWBLAN					