## **2005 FOR PROFIT CORPORATION**

**FILED** M

ANNUAL REPORT				Jan 13, 2005 08:00 A		
DOCU	MENT # P960000068				retary of State	
Description     Descripti					200	retury or state
	ce of Business	. Mailing Address				
	ING AVENUE H, FL 33141	7451 HARDING AVENUE Miami Beach, FL 33141				
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DO NOT WRITE IN THIS SPA			CE	04440005	Ma Cha D	CD01'004 (40(00)
				01112005	No Chg-P	CR2E034 (10/03)
_			_	4. FEI Numbe 65-0683		Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
SAFDIE, ISAAC EDUARDO				DΩ	NOT W	RITE
7451 HARDING AVENUE MIAMI BEACH, FL 33141			IN THIS SPACE			
				IIN I	115 SP	ACE
	named entity submits this statement for thi	e purpose of changing its register	ed office or register	red agent, or both	, in the State of Flor	rlda. I am familiar with, and accept
_	-	_				
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	t when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	<u> </u>			
TITLE NAME	P SAFDIE, ISAAC EDUARDO					
STREET ADDRESS	7451 HARDING AVENUE					
CITY-ST-ZIP TITLE	MIAMI BEACH, FL 33141	· ·				
NAME					10000001 11713705-0	79963 80038-017 150.00
STREET ADDRESS CITY-ST-ZIP					aritaiaa c	nacina mii inmina
TITLE		<del>_</del> -	- • • • • •			
NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
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CITY-ST-ZIP						

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 of suppliemental 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 attachment with an address, with all bline like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR