2004 FOR PROFIT CORPORATION ANNUAL REPORT

SOUSA, LILIANE

TSD

SIGNATURE:

5215 NW 77TH CT

SOUSA, RONALDO

5215 NW 77TH CT

POMPANO BEACH, FL 33073

POMPANO BEACH, FL 33073

STREET ADDRESS

CHY-ST-ZIP

CITY-SI-ZIP

ME

NAME STREET ADDRESS

HITLE
NAME
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CITY-ST-ZIP
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STREET ADDRESS
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NAME

FILED May 03, 2004 08:00 AN Secretary of State

1. Entity Nam	MÉNT # P9600001408 É GROUP, CORP.	6			Se	cretary	oi Stau
Principal Plac	e of Business M	lailing Address		1.			
5215 NW 77 POMPANO B		5215 NW 77 CT. POMPANO BEACH, FL 33073	US .				
							
	O NOT WOITE	N TUIC COA	~ =	04292004	No Chg-P	CR2E034 (10/	03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-336			Applied For Not Applicable
	· · · · · · · · · · · · · · · · · · ·	· *_		5. Certificate	of Status Desired	\$8.75 Fee Rec	Additional juired
	6. Name and Address of Current Regis	stered Agent			<u></u>		
SOUSA, L 5215 NW 1 POMPANO		. j			NOT W THIS SP		
8. The above the obligat	named entity submits this statement for the lions of registered agent.				th, in the State of Flo	rida, I am familiar v	with, and accept
ļ	Signature, lyped or printed name of registered agent and title	il applicable (NOTE Hegistere	d Agent signature require	d when reinstating)	177	TE TE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				i.00 May Be ded to Fees	U0000 05/04/04	0151262 -80039-012	2 150.00
10.	OFFICERS AND DIRE	CTORS					
TITLE	VD		l				
NAME.	SILVA, HEROS		1				
STREET ADDRESS	5215 NW 77TH CT		l .				
CITY-ST-ZIP	POMPANO BEACH, FL 33073		ł	•	•		
TITLE	} r u		1				

DO NOT WRITE IN THIS SPACE

STREET ADDRESS
CITY-ST-2P

12. I hereby certify that the information supplied with this filling does not quality 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 attachment with an address, with all other like empowered.