2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AN Secretary of State

1. Entity Nar CARSOF Principal Plac 7604 S.W. 8 NORTH LAUI	OF BROWARD, INC. De of Business Meiling Address	04222005 No Chg-P CR2E034 (10/03) 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
7604 S.W.	D, CARLOS 8TH STREET AUDERDALE, FL 33068	DO NOT WRITE IN THIS SPACE
	named entity submits this statement for the purpose of changing its registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and tille if approachs. INDTE. Registered Agent signature required when relocations). DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTORS	
TITLE NAME	PD CARRILLO, CARLOS	
STREET ADDRESS CITY-ST-ZIP	7604 S.W. 8TH STREET NORTH LAUDERDALE, FL 33068	U00000341713
TITLE		U00000341713 04/29/05-80027-002 158.75
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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 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.		
SIGNATURE: SIELLE CARLOS CARRILLO 04/26/05 (954) 720-5660		
	SIGNATURE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Qate. Daytime Prone #