2005 FOR PROFIT CORPORATION ___ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P96000048342 1. Entity Name				Secretary of State		
	NESS CO	,				
<u>{</u>			1000			
i i		lailing Address	<u> </u>			
3600 NW 37 MIAMI, FL 3		3600 NW 37TH COURT MIAMI, FL 33142				
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				03022005 No Chg-P	CR2E034 (10/03)	
				4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
				5. Certificate of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current Regis	stered Agent				
SHAP, MA						
MIAMI, FL	37TH COURT					
			i			
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or registe	red agent, or both, in the State of FI	orida. I am familiar with, and accept	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and title	e il applicable (NOTE Registere	d Agent signature require	d when reinstating)	DATE	
		9. Election Campaign Final	ncino C E	וֹחַחָּחָוּוֹ יִחֹלֵחִכֵּל אַחִ Be שוּשׁ 00.	00317014	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		led to Fees U4/20/0	5-80001-015 150.00	
10.	- OFFICERS AND DIRE	CTORS				
`TITLE NAME	D SHAP, MARINA					
STREET ADDRESS CITY-ST-ZIP	3600 NW 37TH COURT MIAMI, FL 33142	<u>.</u>				
TITLE	IMPAMI, FE 33142					
NAME STREET ADDRESS						
CITY-ST-2IP		<u> </u>				
TITLE NAME						
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TITLE		<u> </u>				
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS	•					
CITY-ST-ZIP						
NAME						
STREET ADDRESS CITY-SY-ZIP						
12. I hereby indicated	certify that the information supplied with this don this report or supplemental report is true	filing does not qualify for the exe and accurate and that my signa	emption stated in Sature shall have the	ection 119.07(3)(i), Florida Statutes, same legal effect as if made under	I further certify that the information oath; that I am an officer or director on appears in Block 10 or Block 11 if	
of the co- changed	d on this report or supplemental report is tuge reporation or the receiver or trustee empowers i, or on an attachment with an address, with a	ati other like empowered.	lieg by Cuspler 60	7, monda statutes; and that my han	וון איסטול זון איסטול זון פוויים מאף מווי	
SIGNAT	TURE: (A)	un/		04/12/05		
	SIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIREC	TOR	Date	Daytime Phone #	