## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P96000053	112			
Principal Place of Business 7260 S.W. 7TH STREET MIAMI, FL 33144		Mailing Address 7260 S.W. 7TH STREET MIAMI, FL 33144		والمرابع المرابع المرا	l lugae libueek is gebi
		IN THIS SDA	CE	02112005 No Chg-P CR2E034 (10	
The state of the s	OO NOT WRITE				Applied For Not Applicable  5 Additional lequired
	6. Name and Address of Current R. IA, LOURDES  . 7TH STREET  . 33144	egi≱tered Agent		DO NOT WRITE IN THIS SPACE	
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Begistered Agent alignature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	IRECTORS		The second secon	42.42
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTRANA, LOURDES 7260 S.W. 7TH STREET MIAMI, FL 33144			000000323759 04/22/05-80066-01	1 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASTRANDA, YOLANDPA 7260 SW 7 ST MIAMI, FL		Annual Conference of the Confe		
TITLE RAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			And the state of t	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.5			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the state of t				
12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated on this report or 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 nustee expowered 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: LOUIS a 5 TRANA 4/20/03  LENGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOWN DAYLING Phone #					