م محب ممع

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # P9600005553	1				our court,	or State
Principal Place of Business.							
	O NOT WRITE II	N THE CDA	oe.	02282005	No Chg-P	CR2E034 (10	
DO NOT WRITE IN THIS SPACE							Not Applicable
	6. Name and Address of Current Regis		Acces . The second	5. Certificate	of Status Desired		5 Additional equired
8900 SW MIAMI, FL	HUGO R 117TH AVE., STE. C, 105 33186 named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or register	IN 7	NOT W	ACE	with, and accept
SIGNATURE.	Signature, typed of printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees		_	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PHUGO R. MONTIEL 8900 S.W 117 AVE STE C 105 MIAMI, FL	OTORS			U00000 03/09/05-	256705 80013-022	150.00

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 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.

SIGNATURE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

1-Hugo Montiel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2005

DO NOT WRITE

IN THIS SPACE

(305)275-0005