2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

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SERS CIR	Mailing Address 1021 S. ROGERS CIR #7 BOCA RATON, FL 33487				
		ACE	03222005 4. FEI Number 59-33968	No Chg-P CR2	PE034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
MELENDEZ, DOMINGO 1021 S. RODGERS CIR. #7 BOCA RATON, FL 33487 DO NOT WRITE IN THIS SPACE					
tions of registered agent.				n the State of Florida. 1	
ay 1, 2005 Fee will be \$550	7.00 Trust Fund Contribut		\$5.00 May Be Added to Fees		E E 1975 - AND I STORE - BROWN - BROWN
P DOMINGO MELENDEZ 6949 BRUCE CT. LAKE WORTH, FL 33463	D DIRECTORS			U00000312 04/18/05-801	980 05-018 150.00
		The implication for the second			
	REATIONS, INC. Se of Business GERS CIR N, FL 33487 ON NOT WRIT 6. Name and Address of Current EZ, DOMINGO ODGERS CIR. #7 TON, FL 33487 e named entity submits this statement tions of registered agent. Signature typed or printed name of registered age E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS AN P DOMINGO MELENDEZ 6949 BRUCE CT.	Mailing Address SERS CIR 1021 S. ROGERS CIR #7 BOCA RATON, FL 33487 CONTROL WRITE IN THIS SPA 6. Name and Address of Current Registered Agent EZ, DOMINGO ODGERS CIR. #7 TON, FL 33487 Control of registered agent Signature typed or printed name of registered agent and title if applicable P. E NOWILL FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 P. Election Campaign F. Trust Fund Contribution of Trust Fund Contribution of Trust Fund Contribution of Trust Fund Contribution of P. DOMINGO MELENDEZ 6949 BRUCE CT.	Mailing Address SERS CIR 1021 S. ROGERS CIR #7 BOCA RATON, FL 33487 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent EZ, DOMINGO ODGERS CIR, #7 TON, FL 33487 Senamed entity submits this statement for the purpose of changing its registered office or registered agent stons of registered agent Senamed entity submits this statement for the purpose of changing its registered agent signature registered by the senamed entity submits this statement for the purpose of changing its registered agent signature registered by the senamed entity submits this statement for the purpose of changing its registered agent signature registered agent signature registered agent signature registered by the senamed entity is statement for the purpose of changing its registered agent signature registered agent and site if applicable in the signature registered agent sig	Mailing Address SERS CIR 1021 S. ROGERS CIR #7 BOCA RATON, FL 33487 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-33968. 5. Certificate of S 6. Name and Address of Current Registered Agent EZ, DOMINGO ODGERS CIR. #7 TON, FL 33487 DO N IN TH se named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in tions of registered agent Senature hyped or private name of registered agent and site if applicable FIGURE Regulated Agent signature required when informating) P. Election Campaign Financing ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS P. DOMINGO MELENDEZ 8949 BRUCE CT. LAKE WORTH, FL 33463	MENT # P96000069258 PREATIONS, INC. The of Business Mailing Address SERS CIR 1021 S. ROGERS CIR #7 BOCA RATON, FL 33487 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3396839 8. Certificate of Status Desired 6. Name and Address of Current Registered Agent EZ, DOMINGO ODGERS CIR. #7 TON, FL 33487 DO NOT WRITE BY BY BY BY BY BY BY BY BY B

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 cath; that I am an officer or director of the corporation or this 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F-12-01

Daytime Phone #