2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM Secretary of State

1	Applied For Not Applicable
DO NOT WRITE IN THIS SPACE O1052005 No Chg-P CR2E034 (10/03 5-0699486 1 1 1 1 1 1 1 1 1	Applied For Not Applicable
65-0699486 5. Certificate of Status Desired \$8.75 As Fee Requirement Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 INITIALS CRACE	Not Applicable
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 INITIAL SPACE	
2300 CORAL WAY SUITE 200 IN THIS COACE	
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SIGNATURE Spranus, years of another agent at the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. AMADA CANSERA LOPEZ PRESIDENT Signature, years of misting and registered agent at the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida. I am familiar with the purpose of the obligations of registered agent, or both, in the State of Florida. I am familiar with the state of Florida. I am familiar with the purpose of Florida. I am familiar with the state of Florida. I am familia	1, and accept
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS TITLE P NAME ARTILES, ELENA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE V O4-714-705+8003D-017 1	Sú, nú
NAME ARTILES, JORGE STREET ADDRESS 4701 NW 7TH ST CITY-ST-ZIP MIAMI, FL 33126 TITLE S	
NAME ARTILES, EVELYN STRET ADDRESS 4701 NW 7TH ST CITY-51-ZIP MIAMI, FL 33126 DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 path; that I am an office of the corporation or the receiver of this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 changed, or on an altachment with an address, with all other like empowered.	information or director or Block 11 if
SIGNATURE: 3 - 17-05 SIGNATURE: Date Dayline Priore	_