2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

04/13/2005 308-653-0037
Dayline Phone *

1. Entity Nam	MENT # P960000852.	24		Secretary of St	aie
Principal Plac 20165 NE 1 MIAMI, FL 3	6TH PL	Mailing Address 2655 LE JEUNE RD., STE. 110 CORAL GABLES, FL 33134	7		431 J uk i
E	OO NOT WRITE		CE	04112005 No Chg-P CR2E034 (10/03) 4. FEI Number Applie 65-0736418 Not Applie 5. Certificate of Status Desired \$8.75 Addition Fee Required	ed For
		·		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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIR	ECTORS		Commence of the commence of th	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LO PRESTI, THOMAS J 300 THREE ISLANDS BLVD., APT. HALLANDALE, FL	619			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LO PRESTI, DOMENICO 300 THREE ISLANDS BLVD, #619 HALLANDALE, FL			Unnooo316059 04/19/05-80060-018 150.	.00.
TITLE NAME STREET ADDRESS GITY-ST-ZIP] 	DO NOT WRITE	ŀ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				entering a control of the control of	
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 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 of 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: 04/13/2005 308-653-0037					

AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR