## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_\_\_\_\_

## FILED Mar 14, 2005 08:00 AM Secretary of State

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1. Entity Nar	MENT # P9700003337	<b>'</b> 6			Se	cretary	of State
15 CAPE FL	ORIDA DR	failing Address 15 CAPE FLORIDA KEY BISCAYNE, FL 33149	US				
DO NOT WRITE IN THIS SPACE				03042005 4. FEI Numb 65-075		CR2E034 (1	
%ROBER 50 W MAS KEY BISC	6. Name and Address of Current Regis 6. NORMAN <sup>T</sup> T TS & SALAZAR, LLP SHTA DR, SUITE 2 AYNE, FL 33149		IN <sup>-</sup>	NOT W THIS SP	ACE		
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 tide 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 Campalgn Finan Trust Fund Contribution.				00 May Be ed to Fees			
10. INTLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KONG, FEDERICO 15 CAPE FLORIDA DR KEY BISCAŸNE, FL 33149	CTORS			U00000 03/14/05-	1263502 80098-009	3 150.00
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12. I hereby of indicated of the corp changed,	ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee ampowered or on an attachment with an address, with all	ling does not qualify for the exer and accurate and that my signat I to execute this report as requir other like empowered.	mption stated in Sec ure shall have the s red by Chapter 607	ction 119.07(3)( ame legal effec , Florida Statute	i), Florida Statutes. I it as if made under o s; and that my name	further certify tha ath; that I am an appears In Block	t the information officer or director of 10 or Block 11 if

Dale

Daytima Phone #