2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	ne		925				Feb 16, 2004 08:00 AM Secretary of State
Principal Place of Business 4390 SW 15 STREET MIAMI FL 33134			4390	Mailing Address 4390 SW 15 STREET MIAMI FL 33134			
2. Principal P	APPLIED OF BUSINESS BY 15 STREET FL 33134  Cipal Place of Business  E. Apt. #, etc  & State  Country  6. Name and Address of Current  CRUZ, RAMIRO 4390 SW 15ST MIAMI FL 33134  Above named entity submits this statement to obligations of registered agent.  TURE  Signature typed or printed name of registered agent  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Check Payable to Florida Department of CRUZ, RAMIRO  ODRESS  DP  CRUZ, RAMIRO 4390 SW 15ST  MIAMI FL 33134  T  IREGUI-CRUZ, ANGELA 4390 SW 15ST  MIAMI FL 33134  DORESS  ZIP  DORESS		3. Mail	ing Address			
Suite, Apt.	4390 SW 15 STREET MIAMI FL 33134  2. Principal Place of Business  Suite, Apt. #, etc  City & State  Zip  Country  6. Name and Address of Curren  CRUZ, RAMIRO 4390 SW 15ST MIAMI FL 33134  8. The above named entity submits this statement if the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agor  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00			Apt #, etc.	<u> </u>	<u> </u>	MOORE CR2E034 (11/03)
City & State			City	& State			4. FEI Number NO-T APPLICABLE Applied For Not Applicable
Zip			Zip	'		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name	and Address of Curre	ent Registere	d Agent	_	Name	7. Name and Address of New Registered Agent
4390 SW 15ST MIAMI FL 33134							P.O. Box Number is Not Acceptable)
						City	FL Zip Code
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 agont and fills if applicable (NOTE Registered Agent signature required when reinstating)  DATE  FILE NOWILLEEE IS \$150.00							
Afte Make Check	er May 1, 201	04 Fee will be \$550.0 Florida Departmen	t of State			t page a substitute and	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	CRUZ, RAI 4390 SW 1	MIRÔ 5ST	NB DIRECTO	□ Delete		£	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  UD0000053497  02/16/04-80134-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IREGUI-CR 4390 SW 1	5ST		☐ Delete		ļ	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP				☐ Delete	•		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		i	☐ Change ☐ Addition
TIFLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		·	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Delete		· i	☐ Change ☐ Addition
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.							

**FILED**