2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 08:00 AM Secretary of State

	ANNUAL R	EPURI	_		PC	- CC4-	4 -
1. Entity Nam	MENT # P9700005813			,	Secreta	ry of Sta	ite
Principal Place 13100 SW 8 MIAMI, FL 3	2ND ST	ailing Address 3100 SW 82ND ST IJAMI, FL 33183				: U riul Rijki ikire iloog ii	(10 1/51/50) IS SEDI
D	OO NOT WRITE II	CE	02272004 No Chg-P CR2E034 (10/03) 4. FEI Number				
#13 HIALEAH,	ST 24TH COURT FL 33016			IN .	NOT WI	ACE	
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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little it applicable. (NOTE, Registered Agent signature required when reinstating) PATE Postered Agent signature required when reinstating) DATE							
Alter W	ay 1, 2004 Fee Will be \$550.00	Tradit dija daninadaan.		6010100	U4/14/04-8	/0027-011 1	50.00
10. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DÍREO PD LEMUS, HUGO 13100 SW 82 ST. MIAMI, FL 33183 VP LEMUS, PATRICIA R 13100 SW 82 ST, MIAMI, FL 33183	CTORS -			Wagnenhalden	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	miram, i C delide				NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE				IN	THIS SP	ACE	
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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 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.

SIGNATURE: 👌

NAME STREET ADDRESS CITY-ST-ZIP

CHAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

×4/12/04

1335 915-4800 Daytime Prone #