2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nan		:		Jan 24, 2005 08:00 AM Secretary of State						
320 BUIL	DING CORP.					7				
Principal Plac	ce of Business	Mailing Addr	ess	·		-				
11814 SW 92ND TERR. 11814 SW 92ND TERF MIAMI FL 33186 MIAMI FL 33186										
2 Grinoinal F	Place of Business	3. Mailing Ad	dress			_}				
) 1001100x 100 4200 122X 002X 001X 001X 00X 02X 001X 00X 00X 00X 00X 00X 00X 00X 00X 0			
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt #, etc.			1:	1st MOORE			
City & Sta	te	City & State	City & State			4. FEI Numl	^{per} 65-0782082		plied For t Applicable	
Zip Country		Zip	Zip Cou		у	5. Certificat	5. Certificate of Status Desired Security Securi			
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New Registers	d Agent		
JOANNOU, HARRIET					Street Address (P.O. Box Number is Not Acceptable)					
118 MIA	14 S.W. 92 TERRACE MI FL 33186				Street Address (P.C. Box Number is Not Acceptable)					
					O'h			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registers					City	Γ⊑				
	e named entity submits this statement tions of registered agent.	for the burbose of	changing its re	eåisretei	a onice or regis	tered agent, or b	otn, ili the State of Florida. Ta	ап јанинаг ули,	aru accept	
SIGNATURE	<u> </u>						<u> </u>			
	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00	nt and title if applicable	(NOTE I	Hegistered	Agent signatura raqu	red when reinsteling)	DAT		<u>. </u>	
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees	
10.	OFFICERS AN			11.		ADDITIONS	/CHANGES TO OFFICERS A			
TITLE NAME	OANNOU, HARRIET		, TITLE NAME				Change	Addition		
STREET ADDRESS CITY-ST-ZIP	11814 SW 92ND TERR. MIAMI FL 33186		STREE CHTY-S	LADDRESS ST-ZP						
TITLE	WIAWITE 30700		Delete	Dict				☐ Change	Addition	
NAME STREET ADDRESS	1			NAME STREE	U00000192335 01/25/05-80012-015 150.00			_		
City-ST-ZIP				CHY-S	l		U1/25/05-80U12-U			
TITLE NAML			Delete	THICE				☐ Change	Addition	
STREET ADDRESS				STREE	1 ADDRESS				ĺ	
CITY - ST - ZIP			Delete	CHY-S	ST - ZIF			☐ Change	Addition	
NAME			I pelete	NAME						
STREET ADDRESS CITY+ST-ZIP				STREE City S	FADDRESS ST-ZIP					
mre			Delete	Diff				☐ Change	Addition	
NAME STREET ADDRESS				NAME STREET	T ADDRESS					
CHY-ST-ZIP		<u>-</u> -		CITY-S	ST-ZIP			FT 01	- Addition	
TITLE NAME			Delete	NAME				Change	Addition	
STREET ADDRESS				SIRLE	ANDRESS)	

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.

HARRIET JOANNOU