→2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM

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1. Entity Nan	MENT # P97000074				·	
Principal Plac	e of Business	- Mailing Address		1		•
•	131 AVENUE	12256 S.W. 131 AVENUE MIAMI, FL 33186			•	
	O NOT WRITE	IN THIS SDA	A E	04222005 No C	hg-P CR2E034 (10/03)	
	JU NUL WHILE			4. FEI Number	·	olied For
				65-0781583 5. Certificate of Status	\$9.75 LUE	Applicable
	6. Name and Address of Curren	Panistavari Angert	T	J. Certificate of claics	Fee Required	
BACCINE 12256 S.V MIAMI, FL	LLI, HERMINIO V. 131 AVENUE	r registered Agent	7	au Lighthic Maibhailte	T WRITE S SPACE	
}			and office or register	red agent, or both, in the 9	state of Florida. I am familiar with, a	and accept
	e named entity submits this statement i tions of registered agent.	or the purpose of changing its registe	sed dilice of Tegister		Auto of Florida. Fall Lander Will,	and Becept
the obliga	tions of registered agent.		sed office of Jegister	· ·	· · · · · · · · · · · · · · · · · · ·	
			red. Agent signature required	d when reinstaling)	DATE	
the obliga	tions of registered agent.	i and title if applicable. (NOTE: Registe 9. Election Campaign Fine	red Agent signature required		· · · · · · · · · · · · · · · · · · ·	.—.—
the obligation of the obligati	Signature, typed or printed home of regulatived agen E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550 OFFICERS AND	9. Election Campaign Fin. Trust Fund Contribution	red Agent signature required	d when relasticing) .00 May Be	· · · · · · · · · · · · · · · · · · ·	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Plorida 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:

SIGNATURE: .

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysime Phone #