2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME DISIGNING OFFICER OR DIRECTOR

FILED Apr 07, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # P97000076077				Seci	retary of State
4647 WAY (CROSS DRIVE -464	ing Address 47 WAY CROSS DRIVE CONUT CREEK, FL 33073	Armania (m. 1915). Marin Amerika	 	INL IBEN KBIN KENCEBUN	 I ddile (tale usi) tali juti) jutij svjudij si juti
C	OO NOT WRITE IN	THIS SPAC	CE	04042005 4. FEI Number 65-07845 5. Certificate of	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current Register XEL CROSS DRIVE T CREEKL, FL 33073	red Agent		_	NOT WI	
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 of printed name of registered agent and title If applicable [NOTE Registered Agent signature required when reinstating) DATE						
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$580.00	Election Campalgn Finan Trust Fund Contribution.		00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAUST, AXEL S 4647 WAY CROSS DRIVE COCONUT CREEK, FL 33073	DRS *-		2-	3- ·	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				0	U000002: 4/07/05-80	91190 3021-002 150.00
NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	
NAME STREET ADDRESS CITY-ST-ZIP				IN TI	HIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	· · · · · · · · · · · · · · · · · · ·	سون يا درو	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		<u> </u>		. ·	
indicated of the corr	entify that the information supplied with this filling on this report or supplemental report is true and poration or the receiver or trustee empowered to or on an attachment with an address, with all off	accurate and that my signature execute this report as require	ption stated in Sec re shall have the sa d by Chapter 607.	tion 119.07(3)(i), F ame legal effect as Florida Statutes, a	if made under oa nd that my name a	urther certify that the information th, that I am an officer or director appears in Block 10 or Block 11 if