


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000078419 1. Entity Name E P BUILDING CORP.	
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Principal Place of Business 2300 S.W. 89TH AVENUE MIAMI FL 33165	Mailing Address 2300 S.W. 89TH AVENUE MIAMI FL 33165
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.	—	Suite, Apt #, etc.	—
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0779845	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
PINO, EDEL 2300 S.W. 89TH AVENUE MIAMI FL 33165	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	PINO, EDEL SR.
STREET ADDRESS	2300 S.W. 89TH AVENUE
CITY - ST - ZIP	MIAMI FL 33165
TITLE	SD <input type="checkbox"/> Delete
NAME	PINO, ELSA
STREET ADDRESS	2300 S.W. 89TH AVENUE
CITY - ST - ZIP	MIAMI FL 33165
TITLE	<input type="checkbox"/> Delete
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Delete
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Delete
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Delete
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	—
STREET ADDRESS	—
CITY - ST - ZIP	—

UN00000276147
03/25/05-80029-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *E. Pino* DATE: 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #