2	005 FOR PROFIT CO ANNUAL RE	ORPORATIOI PORT	FILED Apr 18, 2005 08:00 AM Secretary of State	
1. Entity Name	MENT # P97000098134	B-		Secretary of Stat
	96 STREET _ 14	ng Address 333 SW 296 STREET MESTEAD, FL 33033 THIS SPA()F	04132005 No Chg-P CR2E034 (10/03)
CAMPUZA 14333 SW	6. Name and Address of Current Registe NO, FELIPE 296 STREET EAD, FL 33033			4. FEI Number 65-0795991 Applied For Not Applicab 5. Certificate of Status Desired \$8.75 Additional Fee Required DO NOT WRITE IN THIS SPACE
the obligati SIGNATURE	named entity submits this statement for the pu- lops of registered agent. Signature tyled or printed name of registered agent	(NOTE Registered)))))))))))))))))))))))))))))))	d Agent signature required	stered agent, or both, in the State of Florida. I am familiar with, and acception when reinstating) DATE S5.00 May Be Added to Fees
STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	14333 SW 296 STREET HOMESTEAD, FL 33033			00000516385 04/18/05-80106-017-150.00
NAME STREET ADDRESS GITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	An	
12. I hereby a indicated of the cor	poration or the receiver or trustee empowered or on an attachment with an address, with all	to execute this report as reaul	red by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 4/13/05 Date Daylime Phone #