2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 21, 2005 08:00 AM Secretary of State

(305) 848-5753 Baytinic Phone *

04/11/05

1. Entity Nam	MENT # P98000071	31			Secretary of State
Principal Place 7460 WEST HIALEAH, FL	17 AVENUE	Mailing Address 7460 WEST 17 AVENUE HIALEAH, FL 33014			·
D	O NOT WRITE		CE	02102005 4. FEI Numb 65-081	
6. Name and Address of Current Registered Agent ESCANDELL, LUIS 7460 WEST 17 AVENUE HIALEAH, FL 33014			DO NOT WRITE IN THIS SPACE		
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 or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution				.00 May Be led to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP ESCANDELL, LUIS 7460 WEST 17 AVENUE HIALEAH, FL 33014	nec cord			U00000320173 04/21/05-80027-010 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY·ST-ZIP		· · · · ·		IN '	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		* .			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1). 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 each that I am an efficiency 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 an an attachment with an address, with all other like empowered.					