2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 11, 2005 08:00 AM

Daytime Phone #

1. Entity Nam	MENT # P980000077		Secretary of State				
Principal Place of Business Mailing Address 169 E FLAGLER STREET 7900 OLD YORK RD SUITE 1534 C-2 MIAMI, FL 33131 US ELKINS PARK, PA 19027 U			US				
DO NOT WRITE IN THIS SPACE			CF	04072005 No Chg-P CR2E034 (10/03)			
	· · · · · ·			4. FEI Number 52-2125			Applied For Not Applicable
	and the second of the second o	A THE STATE OF THE	The state of the s	5. Certificate o	f Status Desired		75 Additional Required
	6. Name and Address of Current Re	A	ėta vartas automorpias				
	M, JOSE E GLER ST, #1534	DO NOT WRITE					
MIAMI, FL 33131			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 tide if applicable. (NOTE Registered Ag				when reinstating)		DATE	
FILE NOW!II FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees			
10.	ÖFFICERS AND DI	RECTORS	s , 6 you 4	· remains	* 2 2 2 12 1		
TITLE NAME STREET ADDRESS	NICENBOIM, JOSE E 169 E FLAGLER , #1534						
CITY-ST-ZIP	MIAMI, FL 33131		*** ***		UOOOO 04/11/05-8		7 150.00
titue Name	S MELTZER, DAFNA CPA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
STREET ADDRESS CITY-ST-ZIP	7900 OLD YORK RD C-2						
TITLE	ELKINS PARK, PA 19027		·	**************************************	N		
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STREET ADDRESS CITY-ST-ZIP							
TITLE							,
NAME STREET ADDRESS							
CITY-ST-ZIP 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)(i), 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 Ohio All 4/7/05							