## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 08:00 AM Secretary of State

	AITHUME ILL ON I		11111 10, 2000 00:00
1. Entity Nam	MENT # P98000015194		Secretary of Sta
Principal Plac	ce of Business Mailing Address		<u> </u>
7810 N.W. 1	185TH STREET 7810 N.W. 185TH STREET	=	
HIALEAH, FL			
			THE REPORT OF THE PROPERTY OF
_			03042005 No Chg-P CR2E034 (10/03)
	OO NOT WRITE IN THIS SP	ACE	4. FEI Number Applied For
	- ·		65-0814111 Not Applicable
	The state of the s	- min	5. Certificate of Status Desired   \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			A CONTRACTOR OF THE PARTY OF TH
CLINTON, DONALD			- DO NOT WRITE
	, 185TH STREET FL 33015		
HIALEAH,	FE 33015		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			
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS		Commence of the commence of th
TITLE	PRES		
NAME STREET ADDRESS	CLINTON, DONALD 7810 N.W. 185TH STREET		U00000258230
CITY-ST-ZIP	HIALEAH, FL 33015	J	U00 <b>00</b> 0258230 03/10/ <b>0</b> 5-80031-023 158.75
TITLE			and the state of t
NAME			
STREET ADDRESS		****	
CITY-ST-ZIP			<u></u>
TITLE NAME			
STREET ADDRESS		1	DO NOT MOTO
CITY-ST-ZIP			DO NOT WRITE
TITLE			IN THIS SPACE
NAME			IN THIS STAGE
STREET ADDRESS CITY-ST-ZIP			
TITLE		<del> </del>	<del></del>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			·
TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP		2.2	
12. I hereby o	certify that the information supplied with this filing does not qualify for the	exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filing 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 it 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.			

3/8/05