2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2005 08:00 AM Secretary of State

Daytime Phone #

1. Entity Nam	MENT # P980000472 NC. of delray beach	223	_			Se	cretary	oi State
Principal Plac 617 SW AVE BELLE GLAD		Mailing Address 617 SW AVE. E BELLE GLADE, FL	33430			(8)	anitalisti endin (1615	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					04292005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0845681 Applied For 65-0845681 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required			
2911 E MA	IAN, RICHARD L CPA	DO NOT WRITE IN THIS SPACE						
the obligat	Signature typed or printed name of registered agent and	िपीट ग applicable.		ad Agent signature required	wnen ๊าซิกรเสโก๊จู)	în the State of Flo	rida. I am familia	r with, and accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND D P BIZJAK, SHELLEY 617 SW AVE. E BELLE GLADE, FL 33430	Trust Fund	d Contribution.		00 May Be ed to Fees		(18.8 - 	~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	55.62, 2 55.65					Unnogo 05/13/05	366621 80013-011	150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		 		REAL TO SERVICE AND ADDRESS OF THE PARTY OF		. 		
12. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with an address, with	nis filing does not qua ue and accurate and ered to execute this in the all other like empore	werea.	emption stated in Se sture shall have the s lired by Chapter 607	ction 119.07(3)(f), same legal effect a , Florida Statutes,	Florida Statutes. I as if made under o and that my name	further certify that path, that I am an appears in Bloc	at the information officer or director k 10 or Block 11 if

SIGNATURE AND YVNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _