2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 16, 2005 08:00 AM Secretary of State

<u>N·</u>	ANNUAL R	EPORT	<u>; </u>	_			08:00 A	
DOCUMEN	IT # P9800005018	35	SH TO	}	Secr	etary (of State	
t. Entity Name JAVIER L. VAZ	_							
JAVIER L. VAZ	QUEZ, P.A.			}				
			Se miss	-				
Principal Place of Busi 8061 N.W. 155 ST.		tailing Address 8061 N.W. 155 ST.		-				
MIAMI LAKES, FL 33		MIAMI LAKES, FL 33016		1				
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	A THE COLUMN TWO IS NOT THE OWNER.							
}				04440005	N- Ch- D	ODOE004 /	40(00)	
DO I	NOT WRITE I	N THIS SPA	CF	04112005	<u>-</u>	CR2E034 (·—·	
	10: 11:11:1	it iiilo oi A	<u> </u>	4. FEI Numb			Applied For Not Applicable	
}				5. Certificati	e of Status Desired		75 Additional	
6. N	ame and Address of Current Regis	stered Agent				Fee	Required	
	·						**	
VAZQUEZ, JAVIER L 15165 NW 77TH AVENUE				DO	NOT W	RITE		
SUITE 1009 MIAMI LAKES, FL 33014				IN '	THIS SF	ACE		
WIMWII LAKES, FI	_ 33014					J-TE No. House		
The above named a	entity submits this statement for the	number of abanding its confetor	ad Affica or register	ad orant or be	oth in the State of Ele	vida I am famili		
the obligations of re		purpose of changing its register	ed Office of Tegister	ed agent, or be	·	лиа. гантаны	ar with, and accept	
SIGNATURE		<u> </u>						
Signature,	yped or printed name of registered agent and little	if applicable (NOTE Registere	d Agent signature required	(when reinstating)	1	DATE		
FILE NOW	7!!! FEE IS \$150.00	9. Election Campaign Finar		.00 May Be	 			
L	005 Fee will be \$550.00	Trust Fund Contribution.	AGG:	ed to Fees	<u> </u>			
TITLE D	OFFICERS AND DIRE	CTORS						
l	JEŽ, JAVIER L				•			
j i	ESS 8061 N.W. 155 ST			- 600000309193 04/16/05-80028-006 150.00				
TITLE	LARES, FL 33010	<u> </u>				იინმ-მმნ	120.00	
NAME							: ₋	
STREET ADDRESS CITY-ST-ZIP								
TITLE								
NAME STREET ADDRESS (
CITY-ST-ZIP			1	DO	NOT W	RITE		
TITLE		· · · · · · · · · · · · · · · · · · ·	[IN '	THIS SF	PACE		
NAME STREET ADDRESS		•				A CONTRACT		
CITY-ST-ZIP								
TITLE			 	مسترت.	;			
NAME STREET ADDRESS								
CITY-ST-ZIP								
TITLE NAME			- American Strategy ()	يهان أينسا دده سي		٠	**********	
STREET ADDRESS			1					
CITY-ST-ZIP			L			<u> </u>		
 I hereby certify that indicated on this re 	t the information supplied with this f sport of supplemental report is true or the receiver or trustee empowere attachment with an address, with a	iling does not qualify for the exer and accurate and hat my signat	mption stated in Secure shall have the s	ction 119,07(3) same legal effe)(i), Florida Statutes. I ct as if made under o	further certify the eath, that I am an	at the information officer or director	
or the corporation changed, or on an	or the receiver or trustee empowere rattackiment with an address, with a	a ta execute this report as requit I other like empowered.	red by Unapter 607	, Florida Statuti	es; and that my hame	e appears in Bloo	ck 10 or Block 11 if	