2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2005 08:00 AM DOCUMENT # P98000066229 **Secretary of State** BETH NELSON, APR INC. Principal Place of Business Mailing Address 15436 S.W. 146TH TERRACE 15436 S.W. 146TH TERRACE MIAMI, FL 33196 MIAMI, FL 33196 01172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0855695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITTELBERG, RICKEY DO NOT WRITE PERLESS, RUTH, JONAS, MITTLEBERG, PA 8370 WEST FLAGLER ST., SUITE 125 IN THIS SPACE MIAMI, FL 33144 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 reinstalling) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NELSON, BETH NAME STREET ADDRESS 15436 S.W. 146TH TERRACE CITY-ST-ZIP MIAMI, FL 33196 U00000198476 01/27/05-80052-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 if made under eath; 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:

STREET ADDRESS CITY-ST-ZIP

Bul Nelson

Beth Nelson

1/25/05

305-234-4121

Date

Daytime Phone #

FILED