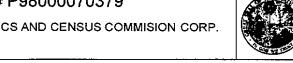
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P98000070379 FLORIDA STATISTICS AND CENSUS COMMISION CORP. Principal Place of Business Mailing Address

**FILED** Apr 26, 2004 08:00 AM Secretary of State



8004 NW 154 ST

MIAMI LAKES, FL 33016

SUITE 133

## DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number		Applied For
59-3536412		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PINILLOS, JUANCARLOS 8004 NW 154 ST, SUITE 133 MIAMI LAKES, FL 33016

SIGNATURE:

8004 NW 154 ST

SUITE 133 MIAMI LAKES, FL 33016

## DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	applicable. [NOTE, Registered	Agent signature	required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campalgn Financ Trust Fund Contribution.	sing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINILLOS, JUAN C 8004 NW 154 ST, SUITE 133 MIAMI LAKES, FL 33016				
TITLE NAME STREET ADDRESS CITY- ST-ZIP					000000129555 04/26/04-80083-009 iso.qq
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$\bigcap$				
<ol> <li>I hereby conditions indicated of the conchanged,</li> </ol>	certify that the information supplied with this fill on this report or supplemental report is true a portation or the receiver or trusted empowered or on an attachment with an address, with all	ing does not qualify for the exem not accurate and that my signatu to execute this report as require other like empowered.	ption stated re shall haved by Chapt	d in Section 119.07(3) re the same legal effe er 607, Florida Statut	(i), Florida Statutes. I further certify that the Information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR