2005 FOR PROFIT CORPORATION ANNUAL REPORT:

FILED Mar 07, 2005 08:00 AM Secretary of State

1. Entity Nar	MENT # P980000713	50			Se	ecretar	y of State
6181 MIAM	ce of Business I LAKES DRIVE S, FL 33014	Mailing Address 6181 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014		 	ter JMIIT Belli berij ser	re marii emaye jimay e	liai wifili awilwal te f ab i
DO NOT WRITE IN THIS SPAC 6. Name and Address of Current Registered Agent				02092005 4. FEI Number 65-08577 5. Certificate of	No Chg-P	CR2E034	(10/03) Applied For Nor Applicable 75 Additional Required
1		DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or registere	ed agent, or both,	n the State of Flo	rida. I am famil	iar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehistating) DATE							
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. Title	OFFICERS AND DIF	ECTORS		<u> </u>			
NAME STREET ADDRESS CITY-ST-ZIP	BECK, FRANK C 6183 MIAMI LAKES DR MIAMI LAKES, FL 33014		· · · · · · · · · · · · · · · · · · ·		· ==		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VILLATA, VINCENT P JR 3 BARK MILL TERRACE MONTVILLE, NJ 07045	***			U00000 13/07/05-4	254002 80056-019	5 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECK, VIVIAN V 6183 MIAMI LAKES DR MIAMI LAKES, FL 33014			DO N	W TO	RITE	
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12. I hereby certify that the information supplied with this filling 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to except 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 life empowered.							
SIGNATURE 305 80/5/0/ AIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date. Opytime Proce #							