2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

ANNUAL REPORT					Secretary of State		
1. Enlity Nam	MENT # P980000715			~	, cor courty or ~ court		
	DOLDENO CONT.			}			
Principal Plac 13617 SW 1 MIAMI, FL 3		Mailing Address PO BOX 161890 MIAMI, FL 33116					
			04292004	No Chg-P	CR2E034 (10/03)		
כ	OO NOT WRITE	CE					
	6. Name and Address of Current Re	gistered Agent		1		ree Required	
	ICTOR F JR. 87TH AVENUE	DO NOT WRITE IN THIS SPACE					
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 rite if applicable (NOTE Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finant Trust Fund Contribution.			scing _ \$5.	ing _ \$5.00 May Be			
10. Tiflé	OFFICERS AND DI	RECTORS					
NAME STREET ADDRESS CHY ST-ZIP	SEIJAS, VICTOR F JR. 1225 S.W. 87TH AVENUE MIAMI, FL 33174						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS GITY-ST-ZIP			:	DO	NOT W	/RITE	
TITLE NAME				IN THIS SPACE			
STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS							
CITY ST ZIP]				
NAME			l				
STREET ADDRESS CITY ST-ZIP			ł				

12. Thereby 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 oath, that I am an officer or director of the corporation or the receiver or tristee 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 a page as such all other like appowered.

GNING OFFICER OR DIRECTOR

SIGNATURE: