## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2005 8:00 am Secretary of State

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9955 MW SETER MMMI, FL 33178  2. Principal Page of pusinges 9955 NW STERL Suite. April R, etc.  Suite. April R	1. Entity Name						04-25-200	05 90212 043 ***:	150.00	
9955 NW SETER MAMI, FL 33178  2. Principal Place of Business Suite, Apt. 4; etc.  2. Suite, Apt. 4; etc.  3. Mailing Address Suite, Apt. 4; etc.  5. Suite, Apt. 6; etc.  5. Suite, Apt. 6; etc.  5. Suite, Apt. 6; etc.  5. Contry  5. Contry  5. Controllate of Status Desired  5. C	Principal Plac	ce of Business	Mailing Address				~ <b>~</b> UU4,	4708		
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Second   S	Suite, Apt. #, etc. Suite, Apt. #, etc.					01182005	Chg-P	CR2E034 (10/03)		
Country   Special Country								<del></del>	<del></del> -	
S. Certificate of Status Desired			Zin	Country		03-063	7910			
2. Single Address of Current Registered Agent  2. Street, Address (P.O. Box Number) is Not Acceptable)  3. The above name of little youthwise 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I			p	Codility		5. Certificate	of Status Desired			
Name			legistered Agent			7. Name and	Address of New I			
StrogLAddress (P.O. Box Number/is Not Acceptable)  City			9411	Name		7. Wante une	HOUTESS OF HEW I	Tograterou Agent		
StrogLAddress (P.O. Box Number/is Not Acceptable)  City	ZULUAGA	A, ROSENDO .								
8. The above named entity submist this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept tree obligations of registered agent.  SIGNATURE Septime, however agent arms of impatred agent and ton it applicable. [INDTE: Registered Agent septime required expent or impatred agent with, and accept tree obligations of registered agent.  FILE NOWITH FEE IS \$150.00 after May 1, 2005 Fee will be \$550.00 by B. Election Completion Financing Trust Fund Contribution. [INDTE: Registered Agent septime required expent or impatred agent agent.]  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS IN 11  ITILE NAME STREET ADDRESS OFFI	9956 NWSEJER WEONG ACTIONS				Street Address (P.O. Box Number is Not Acceptable)					
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	40	certify that the information supplied with I	his filing does not qualify for th		ated in Se	ction 119.07(3)	i). Florida Statutes	I further certify that the i	nformation	

12. 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 oath; 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 attackment with an address, with all other like empowered.

SIGNATURE! M Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-05

Daytime Phone #