2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 20, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P9800009	5800	<u>-</u>				004 90121 001 *** 004 90121 002 ***	
Principal Plac	e of Business	Mailing Address '		,			-	-
2010 NW 1S MIAMI, FL 3		2010 NW 1ST CT MIAMI, FL 33127						
2. Principal P 2. O / C Suite, Apt.		3. Mailing Address 200	بر ر	110				
MiAn	7,1733/27	Migne	PZI	27/2	02042004	Chg-P	CR2E034 (10/03)	•
City & Stat	е	City & State			4. FEI Number 65-0908		No	plied For t Applicable
Zip	Country	Country Zip (ry	5. Certificate of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Nome —	7. Name and	Address of New F	Registered Agent	
ARRECHEA, DOMINGO 2010 NW 1 CT MIAMI, FL 33127				Street Address (P.O. Box Number is Not Acceptable)				
			-	City C	771	2)	FL Zip Code	• •
	e named entity submits this statement for tions of registered agent.	or the purpose of changing i	ts registere	d office or reg			orida. I am familiar with,	and accept
SIGNATURE	Signalute, typed or printed name of registered agen	and little if applicable.	OTE: Registered	YEL Agent signature re	equired when roinstating)		7/1/0 DATE	<u> </u>
	•							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9: Election Camp Trust Fund Co		cing =	\$5.00 May Be Added to Fees		allaw erra ¶aenst≖	- ~ 1 − − − − − − − − − − − − − − − − − −
After Ma	ay 1, 2004 Fee will be \$550.	.00 Trust Fund Co	ntribution.		Added to Fees	CHANGES TO DE	FICERS AND DIRECTORS	SIN 11
		.00 Trust Fund Co			Added to Fees	CHANGES TO OFF	FICERS AND DIRECTORS	S IN 11
* 10. TITLE NAME STREET ADDRESS	OFFICERS AND PD ARRECHEA, DOMINGO 2010 NW 1 CT	.00 Trust Fund Co	11. JITLE NAME STREE	T ADDRESS	Added to Fees ADDITIONS/O	-sohr	☐ Change	☐ Addition
* 10. TITLE NAME STREET ADDRESS CHY-ST-ZIP	ay 1, 2004 Fee will be \$550. OFFICERS AND PD ARRECHEA, DOMINGO	DIRECTORS Delete	11. JITLE NAME STREE CITY-	T ADDRESS ST-ZIP	Added to Fees ADDITIONS/O	-sohr	Change No 2 127	Addition
* 10. TITLE NAME STREET ADDRESS	OFFICERS AND PD ARRECHEA, DOMINGO 2010 NW 1 CT	.00 Trust Fund Co	11. JITLE NAME STREE	T ADDRESS SI-ZIP	Added to Fees ADDITIONS/O	-sohr	☐ Change	☐ Addition
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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 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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04 305 3762815