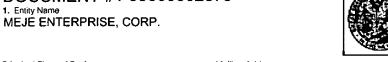
2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000002879



FILED Mar 07, 2005 8:00 am Secretary of State 03-07-2005 90291 041 ***150.00

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7277 N.W. 36TH STREET 7277		Mailing Address	· 1		000
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				01222005 No Chg-P	CR2E034 (10/03)
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4	2	us Aragāninas kašuras kalendras (j. 1756).	4.57.69.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Regi	istered Agent			
CHAVEZ, JORGE J				DO NOT WI	RITE
7277 N.W. 36TH STREET MIAMI, FL 33166					
· International Control of Contro				IN THIS SP	AUE
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees					
TITLE	OFFICERS AND DIRE	ECTORS	ł		
NAME	CHAVEZ, JORGE	,			ļ
STREET ADDRESS	17610 SW 32 STREET				
CITY-ST-ZIP	MIRAMAR, FL 33029			The second secon	
TITLE NAME	STD CHAVEZ, ELSA				N _E
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CITY-ST-ZIP	MIRAMAR, FL 33029				
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NAME Street address				<u> </u>	
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TITLE				IN THIS SP	ACE
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TITLE NAME					
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CITY-ST-ZIP]		
TITLE					
NAME Street address					
CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this	filing does not qualify for the exer	mption stated in Se	ction 119.07(3)(i), Florida Statutes. I f	urther 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 the empowered.

SIGNATURE:

SUPPLIED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR