2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM

1. Entity Nam	MENT # P990000075		Secretary of State				
Principal Place of Business Mailing Address 8476 S.W. 24TH ST. 8476 S.W. 24TH ST. MIAMI, FL 33155 MIAMI, FL 33155] 			
ם	OO NOT WRITE I	N THIS SPA	CE	03302005 4. FEI Numbe 65-0892	No Chg-P	CR2E034 (10	1 111() Maria 1 12 14
6. Name and Address of Current Registered Agent							
GOMEZ, NORBERTO 8476 S.W. 24TH ST. MIAMI, FL 33155			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the lions of registered agent.	purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flor	rida. I am familiai	r with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little II applicable (NOTE, Registered Agent signature required when reinstating) DATE.							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			- <u>-</u>	.00 May Be led to Fees	//////////////////////////////////////	309648 80046-005	150.00
10.	OFFICERS AND DIR	ECTORS	<u>I</u>				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, NORBERTO 8476 S.W. 24TH ST. MIAMI, FL 33155						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠, ,						
TITLE . NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

> PRESLOENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05/305

IN THIS SPACE