## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2005 8:00 am Secretary of State

Second Country   Seco	DOCU 1. Entity Nam ALL DRY			04-18-2005 90312 033 ***158.75							
MAMI, FL 33174  MIAMI, FL 33174  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City &	Principal Place of Business Mailing Address										
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4112005 ChgP CR2E034 (10/03)  City & State  Country  Dip  Country  Dip  Country  S. Certification of Status Desired  S. S.7.5 Acastional Feb Required Feb Require							<b>. (2)(8 (2)() 22</b> () 22()				
City & State  Country  Country  Country  Country  Country  Country  Country  See State  S	2. Principal P	lace of Business	3. Mailing Address	Mailing Address							
Size   Address   Country   Zip   Country   Size   Count	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04112005	Chg-P	CR2E	034 (10/03)		
Signatures    Country   Zip   Country   S. Certificate of Status Desired   S. S. 75 Additional Fee Required   S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent	City & State		City & State	City & State							
STEAT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   ADDITIONS/CHANGES	Zip	Country	Zip	Country				Ø	\$8.75 Add Fee Require	ditional d	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  a. The above named cnity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the obligations of registered agent.  SIGNATURE  Signature, report of prefered agent of registered agent or both, in the State of Florida. I am familiar with, and acceptable of the children agent of registered agent of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida.  Sig		6. Name and Address of Current F	Registered Agent	Name							
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	I BOTANA, RAUL				Name						
City FL Zip Code  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 accellent the obligations of registered agent.  SIGNATURE  Signature, report or printed name of registered agent and state of applicable. (NDTE Registered Agent applicable recisined when refusating)  PTILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Additional to Fees  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE NAME STREET ADDRESS CITY-S1-2P  TITLE NAME STREET ADDRESS STREET A	8754 S.W.	8TH STREET		Street Ad	ldress (	P.O. Box Numb	er is Not Acceptabl	e)			
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accelerate the obligations of registered agent.  Signature:    Signature: S	MIAMI, FL 33174						· <del></del>				
B. 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 accerding to the obligations of registered agent.  SIGNATURE  Signature, typed or parted name of registered agent and title if application.  (NOTE: Registered Agent signature related when refrasting)  DATE  PUST  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  BOTANA, RAUL  8754 S.W. 8TH STREET  GIV-ST-2P  ITILE  INME  STREET ADDRESS  CITY-ST-2P  ITILE  MAKE  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  STREET ADDRESS  STREET ADD				City		<del>.</del>		FI	Zip Cod	le	
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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

Date Dayling Phone #