_ (	2005 FOR PROFIT ( ANNUAL R	CORPORATIO EPORT	N	FILED Mar 17, 2005 08:00 AN Secretary of State		
1. Entity Nam	MENT # P9900001437			Je	cretary of State	
2201 NW 30	ie of Business M ) PLACE F EACH, FL 33069 F	· .				
E	O NOT WRITE II	02282005         No Chg-P         CR2E034 (10/03)           4. FEI Number         Applied For           65-0902631         Not Applicable           5. Certificate of Status Desired         \$8.75           Fee Required         Fee Required				
6. Name and Address of Current Registered Agent VOLESKO, JOHN W 2201 NW 30 PLACE POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE			
<ol> <li>The above the obligat SIGNATURE.</li> </ol>	named entity submits this statement for the p ions of registered agent. Signature, typed or pointed name of registered agent and title		ed office or register		, in the State of Flc	orlda. 1 am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			· · · · · · · ·	<b>00</b> May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P VOLESKO, JOHN W 2201 NW 30TH PL POMPANO BEACH, FL	TORS			U0000 03/17/05	0267087 -80056-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE		DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY - ST - ZIP				<b>IIN I</b>	пі <u>э</u> эг	
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
~	certily that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere , or on an attachment with an address, with al	ling does not qualify for the exe and accurate and that my signal to execute this report as requi other fike empowered.	mption stated in Se ture shall have the s red by Chapter 607	ction 119.07(3)(i) same legal effect , Florida Statutes	, Florida Statutes, I as if made under c ; and that my name	I further certify that the information bath; that I am an officer or director e appears in Block 10 or Block 11 if
SIGNAT		NAME OF SIGNING OFFICER OR DIRECT	TOR	INIHE	Dale Cal	Dayline Phone #

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