## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: BOWN & STAND OF PRINTED HAME OF BURNEY OF PICET OR DIRECTOR

FILED
Jan 28, 2005 08:00 AM
Secretary of State

Daytime Phone #

DOCUMENT # P99000016759  1. Entity Name 3271 CO.							
Principal Place of Business         Maiting Address           1301 NE 191 STREET         1301 NE 191 STREET           #F 401         #F 401           MIAMI, FL 33179         MIAMI, FL 33179		1301 NE 191 STREET #F 401					
DO NOT WRITE IN THIS SPA			CE	01212005 No Chg-P CR2E034 (10/03)  4. FEI Number			
	6. Name and Address of Current Re						
SPIVAK, E 1301 NE 1 MIAMI, FL	91 STREET #F 401	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for th tions of registered agent.	e purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if sopicable. (NOTE, Registers	rd Agent signature require	d when remetating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ncing \$5	.00 May 8e ded to Fees			
10, TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P SPIVAK, BARUCH 1301 NE 191 STREET #F401 MIAMI, FL 33179	ECTORS			01/28/05 01/28/05	0201541 -80071-00	6 150.00
NAME STREET ADORESS CITY-ST-ZIP					· ,	-	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		<u> </u>		2 WY-174-1	NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZP							
of the corp	ertify that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empower or on an attachment with an address, with	and accurate and that my signatied to execute this tenor has require	Bre shall bave the s	ction 119.07(3)(	i), Florida Statutes, I fo	in that I am an offi	CALOL GILACTOL