2005 FOR PROFIT CORPORATION
___ANNUAL REPORT

FILED May 02, 2005 08:00 AN Secretary of State

	ANNUAL REPORT		Secretary of State
1. Entity Nam	MENT # P99000019277		
Principal Place of Business Mailing Address 1655 DREXEL AVENUE, SUITE 209 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139			
			E CERTIFICATION CONTRACTOR CONTRA
DO NOT WRITE IN THIS SPACE			 03222005 No Chg-P CR2E034 (10/03)
			4. FEI Number Applied For
			65-0904622 Not Applicable
		<u> </u>	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent	-	·
ROSENBERG, JEFFREY 1655 DREXEL AVENUE, SUITE 209 MIAMI BEACH, FL 33139		1	DO NOT WRITE
			IN THIS SPACE
			IN THIS STACE
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 accept			
the obligations of registered agent.			
SIGNATURE Signature, typoid or puriled game of registered agent and title if applicable. (NOTE, Registered Agent signature required when respistating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	DPS OFFICERS AND DIRECTORS		
TIYLE NAME STREET ADDRESS	ROSENBERG, JEFFREY 1655 DREXEL AVENUE, SUITE 209		
CITY-ST-ZIP	MIAMI BEACH, FL 33139	1	U000003578 0 8
TITLE NAME		j	05/04/05-80088-024 158.75
STREET ADDRESS , City-St-Zip	,,	ļ	
FITLE		1	
NAME STREET ADDRESS			
CITY-ST-ZIP			DO NOT WRITE
TITLE			IN THIS SPACE
name Street address :		}	
CITY-ST-ZIP		.]	
name	_	i	
STREET ADDRESS		<u>[</u>	
CITY+ST-ZIP	and the second of the second o	1	
NAME		1	
STREET ADDRESS (_ 8		
12. I hereby certify that the information supplied with this filling 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.			