2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State	
1. Entity Nam	MENT # P9900036			J	
Principal Plac 8450 SW 17 MIAMI, FL 3	2ND ST.	Mailing Address PO BOX 970558 MIAMI, FL 33197-0558	-		
DO NOT WRITE IN THIS SPAC			CE		
	6. Name and Address of Current	Registered Agent	,	· · · · · · · · · · · · · · · · ·	
ROTH, CORY D 8450 SW 172ND STREET MIAMI, FL 33157-4667				DO NOT WRITE IN THIS SPACE	
	tions of registered agent.		· · · · · ·	red agent, or both, in the State of Florida. I am famil	iar with, and accept
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE, Register	ed Agent signature required	d when roinsteling) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				i.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	-		
NAME STREET ADDRESS CITY-ST-ZIP	ROTH, CORY D 8450 SW 172ND STREET MIAMI, FL 331574667	T.,			
THTLE NAME STREET ADDRESS CITY-ST-ZIP				000000098259 03/29/04-80032-0	25 150.00
THEE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	· ·- ·- ·-
TITLE NAME STREET ADDRESS CITY-ST-ZP				IN THIS SPACE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP					<u> </u>
TITLE NAME STREET ADDRESS		nyer til av nyes		FITA - Line Editor Long Line Line (1995) - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999	. <u>• = 7,71</u> 7•,— <u></u>

12. I hereby certify that the information supplied with this filing 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: Cony

CHTY-ST-ZIP

PPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25-04 305-232-399

Daytima Phone #