## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| DOCU<br>1. Entity Nerr<br>E.R. CON             | ne                                | _   | 00064966  |                                       | Feb 24, 2005 08:00 AM<br>Secretary of State |                            |  |                                    |                      |                   |  |
|--|-----------------------------------|---|---|---------------------------------------|---|----------------------------|--|------------------------------------|----------------------|-------------------|--|
| Principal Plac                                 | ce of Busines                     | s ====  | Mailir  | ng Address                            |   |                            |  |                                    |                      |                   |  |
| 13200 SW 38TH TER<br>MIAMI FL 33175            |                                   |   |   | 13200 SW 38TH TER<br>MIAMI FL 33175   |   |                            |  |                                    |                      |                   |  |
| 2. Principal Place of Business                 |                                   |   |   | 3. Mailing Address                    |   |                            |  |                                    |                      |                   |  |
| Suite, Apt. #, etc.                            |                                   |   | Suit  | Suite, Apt #, etc.                    |   |                            | 1:   | st MOORE                           | CR2E034              | (10/04)           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| City & State                                   |                                   |   | City  | City & State                          |   |                            | 4. FEI Numi  | 65-094182                          | 0                    |                   | pplied For<br>ot Applicable            |
| Zip Cou  |                                   | Country   | Žīρ   | Zīp Cou                               |   | ntry                       | 5. Certificate of Status Desired S8.75 Additional Fee Required |                                    |                      |                   |  |
|  | 6. Name                           | and Address                                     | of Current Register   | ed Agent                              | <u> </u>                                    |                            | 7. Name an   | d Address of New F                 |                      |                   |  |
| ROJAS, ESTEBAN G                               |                                   |   |   |                                       |   | Name                       |  |                                    |                      |                   |  |
| 13200 SW 38TH TER<br>MIAMI FL 33175            |                                   |   |   |                                       |   | Street Address (           | P.O. Box Numi  | ber is Not Acceptabl               | e)                   |                   | <del></del>                            |
|  |                                   |   |   |                                       |   | City                       |  |                                    |                      | Zip Cod           |  |
| 8. The above the obligated SIGNATURE           | tions of regis                    | y submits this stered agent.                    | statement for the purp  | oose of changing it                   | s register                                  | ] ` .                      | red agent, or b  | oth, in the State of Fi            | FL<br>orida. I am fa | ,                 |  |
|  | Signature, typed                  |   | egistored agent and title if app  | plicable (NO                          | E Registers                                 | d Agent signature required | when reinstating)  | -                                  | DATE                 |                   |  |
| After<br>Make Check                            | May 1, 200                        | !! FEE IS \$1<br>05 Fee Will B<br>o Florida Dep | 50.00<br>e \$550.00<br>artment of State   |                                       |   |                            |  | 9. Election Camp<br>Trust Fund Cor | ntribution. [        | ☐ Add             | .00 May Be<br>ed to Fees               |
| 10.  | PSD                               | OFF   | CERS AND DIRECTO  | Delete                                | 11.   |                            | ADÓITIÓNS  | S/CHANGES TO OFF                   |                      |                   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | ROJAS, ES                         | 38TH TER  |   | L.J Delete                            | NAM<br>STRE                                 |                            |  |                                    |                      | Change            | ☐ Addition                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                   |   |   | ☐ Delete                              |   | i                          |  | #0000024<br>0272470 <b>5</b> -80   |                      | ⊒ Change<br>150.0 | Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                   |   |   | □ Delete                              |   |                            |  |                                    |                      | Change            | ☐ Addition                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                   |   |   | Delete                                |   |                            |  |                                    | 1                    | Change            | ☐ Addition                             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |                                   |   |   | ☐ Delete                              |   |                            |  |                                    |                      | Change            | ☐ Addition                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |   |   | □ Delete                              | CITY  | ET ADDRESS<br>-ST-2iP      |  |                                    |                      | Change            | ☐ Addition                             |
| indicated<br>of the cor                        | l on this repo<br>rporation or ti | rt or supplemer<br>ne receiver or ti            | upplied with this filing<br>ntal report is true and<br>rustee empowered to<br>n address, with all oth | accurate and that execute this report | my signa<br>Las rectii                      | ture shall have the        | same legal effe  | ect as if made under               | oath: that f arr     | ı an officer      | or director                            |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED.

Daytme Phone #