2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 14, 2005 08:00 AM Secretary of State

Principal Place of Business 3642 NW 22 AVE MIAMI, FL 33010 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country Country Country Country Suite, Agent Applied For Applied For Not Applicable Country Country Country Country S. Certificate of Status Desired Fee Required Name MEDINA, VICENTE 931 E 11 PLACE Street Address (P.O. Box Number is Not Acceptable)
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Suite, Apt. #, etc. Suite, Apt. #, etc. O2162005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Country Country Country Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name MEDINA, VICENTE 931 E 11 PLACE Street Address (P.O. Box Number is Not Acceptable)
City & State Country
Zip Country Zip Country 5. Certificate of Status Desired 5. See Required 6. Name and Address of Current Registered Agent Name MEDINA, VICENTE 931 E 11 PLACE Not Applicable 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEDINA, VICENTE 931 E 11 PLACE Street Address (P.O. Box Number is Not Acceptable)
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HIALEAH, FL 33010_
City FL Zip Code
8. 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, typed or printed name of registered agent and title til applicable (NOTE Registered Agent signature required when reinstating) DATE
1. Grain Compaign Figurelya PF 00
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 S. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
16. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D Change Addition NAME MEDINA, VICENTE J NAME
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CITY-ST-ZIP 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 eath, that I am an officer or director.

12. Thereby certify that the information supplied with this limit does not qualify in the exemptor state in a security and that my signature shall have the same legal effect as if made under eath, 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:

THE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-05

365638960

Daytime Phone #