2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

	A1111471	,					J			
1. Entity Nam	MENT # P99000078		1			05-04-2005	90181 00	7 ***150.	.00	
Principal Plac	e of Business	Mailing Address		,						
7884 NW 197 ST.		7884 NW 197 ST.				500	48199			
-MIAMI, FL 33015		MIAMI, FL 33015					000	10100		
					1 (889881 118 1	*** (*) ** **		110 10321 IVEN AND		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022005	Chg-P	CR2E0	34 (10/03)			
City & State		City & State		4. FEI Number			Ap	plied For		
					65-0945	309		No	t Applicable	
2ip	Country	Zip	Countr	У	5. Certificate of	f Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	ddress of New	Registered	Agent		
				Name						
7884 NW	Z, EDUARDO L		Street Address			(P.O. Box Number is Not Acceptable)				
MIAMI, FL			_			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
			1							
			F	City			FL	Zip Code	9	
	1									
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered	a office of regi	stered agent, or both	, in the State of	Florida, Fam	tamiliar with,	and accept	
	(1)-	France	1	MILES	-14/5-7		2(2)	V/=		
SIGNATURE.	Signature, typed or preced name or registered agost	archite discribinate is abit but		Accordance to	pared when ranstaring)		DYIE DYIE	<u>,US</u>		
	Signature. (Speed of a steel a steel as together or other	and hot respective.		rigina agricular rice	ALON MONTONIAN A Q.					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig			\$5.00 May Be Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	HANGES TO O	FFICERS AND	DIRECTORS	3 IN 11	
MLE	PD	☐ Delete	mle					Change	Addition	
NARC	MARTINEZ, EDUARDO L		MARKE	1						
STREET ADDRESS	7884 NW 197 ST.			TADORESS						
OHY-SI-ZIP	MIAMI, FL 33015		CHY-5							
TITLE	VD	☐ Delete	TELE	V	D 00-340		1012	Change	Addition	
NAME	ESCOBAR, MADELENE B		NAME	TADBRESS 💆	SCOBAR,	~ A A B B	CEN C	•		
STREET ADDRESS	7884 NW 197 ST. MIAMI, FL 33015		SIRGE SITY-S	ST. 21P	SCOBAR, 884 NG 11AMI, F	. (9 (:/ 3a				
	WINAWA, I E 33013	☐ Delete	mile		TI APMI, F	1. 03	<i>0</i> / •	☐ Change	Addition	
MAME		De-era	NAME	1				Griange	L. Addition	
STREET ADDRESS				T ADDRESS						
CITY- ST-ZIP			CHY	L						
fire		☐ Delate	fiftL					☐ Change	Addition	
NAME			NAME					_		
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CITY-ST-ZIP			CITY-S	ST-ZIP						
MLE		☐ Detete	1816					☐ Change	Addition	
NAME	Ī		NAME	i						
			•							
STREET ADDRESS			SHREE	T ADDHESS						
STREET ADDRESS CITY- ST-ZIP			SHREE							
		☐ Delete	SHREE CITY-: TITLE	T ADDHESS ST-ZIP				☐ Change	☐ Addition	
DITY- ST-ZIP DITLE MANNE		☐ Delete	STREE CITY: THILE NAME	T ADDHESS ST-ZIP				☐ Change	☐ Addition	
CITY- ST-ZIP		☐ Delete	STREE CITY : THILE NAME STREE	T ADDHESS ST-ZIP				Change	☐ Addition	

12. Thereby certify that the information supplied with this filing 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.

SIGNATURE:

DIRECTOR OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABERIDENT

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