## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Socratory of State
1. Entity Nam	MENT # P990000815	521		Secretary of State
Principal Plac	e of Business	Mailing Address	1	
5899 WEST HIALEAH, FL	18ТH СТ. ===	5899 WEST 18TH CT. HIALEAH, FL 33012		
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			ĵ	03312005 No Chg-P CR2E034 (10/03)
r	O NOT WRITE	IN THIS SPA	CE	
DO NOT WHITE IN THIS STAC			<b>-</b>	4. FEI Number Applied For 65-0949765 Not Applicable
[				5. Certificate of Status Desired \$8.75 Additional
				5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
DENIS, ENRIQUE DO NOT WRITE				
5899 WEST 18TH CT. — — — — — — — — — — — — — — — — — — —				
HIALEAH, FL 33012. IN THIS SPACE				
				-
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 1 am familiar with, and accept				
Ine above named entity submits this statement for the purpose of changing its registered drice or registered agent, or doth, in the state of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees				
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10.	D OFFICERS AND D	IRECTORS	-{	
TITLE NAME	DENIS, ENRIQUE		1	
STREET ADDRESS	5899 WEST 18TH CT.	<u>-</u>	i	Սիրիրոցու
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CITY-ST-ZIP	contribution information arms and with t	his filling dose not at all fill for the ave	amption stated in Sc	arting 110 07(3)(i) Florida Statutos I further certify that the information
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). Florida Statutes I further certify that the information indicated on this report or supplemental report is true and accurate any signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparting for the report of the comparting for the report of the comparting for the same accusacy in Block 10 or Block 11 if				
12. Thereby certify that the information supplied with this illing does not quality for the exemption stated in Section 119 0/13(t). Florida Statutes Truther 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 any address, with all other like empowered.				