


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90241 027 ***150.00

DOCUMENT # PCA 000085406	
1. Entity Name Language Dimension	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1706 NW 56 Ave.		3. Mailing Address 1706 NW 56 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lauderhill, FL		City & State Lauderhill, FL	
Zip 33313	Country USA	Zip 33313	Country USA

14008874
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961846		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Luis Rodrigo Alvarez	
	Street Address (P.O. Box Number is Not Acceptable)	
	1706 NW 56 Ave.	
	City Lauderhill,	FL Zip Code 33313

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director. Maritza N. Alvarez. 15611 Passaie Lane. Bowie. MD 20716.	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Maritza N. Alvarez* Director 4/23/05 (301) 218-4085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/ Mo/ Phone #

CR2E034B (12/02)