## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 19, 2005 08:00 AM Secretary of State

1-12-200/

1. Entity Nan	MENT # P990001065	36		Secretary of State
Principal Place 8208 NW 30 MIAMI, FL 3		Mailing Address 8208 NW 30 ST TERR MIAMI, FL 33122		
				01102005 No Chg-P CR2E034 (10/03)
<u> </u>	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0975392  Applied For Not Applicable  5. Certificate of Status Desired  \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent		en e
ORTEGA, ALVARO 8208 NW 30 ST TERR MIAMI, FL 33122			w.	DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE				
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be ded to Fees
TITLE	OFFICERS AND DIF	ECTORS		*—·————————
NAME STREET ADDRESS CITY-ST-ZIP	ORTEGA, ALVARO 8208 NW 30TH TERR MIAMI, FL 33122	. <u> </u>		U00000185906 01/21/05-80034-012 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	M ORTEGA, ALVARO 8208 NW 30 ST TERR MIAMI, FL 33122			
TITLE				
NAME STREET ADDRESS CITY+ST+ZIP			,	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5	IN THIS SPACE
TITLE '				
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 supplementaly-eport 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 employeed 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.				