2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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

04-29-2005 90268 034 ***150.00

(30s) 361-2221

DOCUMENT # \$42518 1. Entity Name								04-29-2005	90268 03	i4 ***15(0.00
Principal Place of Business I				Maiting Address							
235 GRANDON BLVD				235 GRANDON BLVD				1 /	10109	1 11	
4 KEY BISCAYNE, FL 33149			K	4 Key Biscayne, FL 33149			 				
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02032005	Chg-P	CR2E03	34 (10/03)	
City & State				City & State		4. FEI Number 65-025				plied For t Applicable	
Zip	Country			Zip	Coun	try	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Rec				tered Agent		7. Name and Address of New Registered Agent					
						Name					
SUFFERN, MARIO G 235 GRANDON BLVD					Street Address (P.O. Box Number is Not Acceptable)						
KEY BISCAYNE, FL 33149											
						City	***		FL	Zip Code	9
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 a spotkable. (NOTE: Registered Agent signature required when remetating) DATE											
Square, year or presentance or equation upon an item approach. (Note: regressive approach require)											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.							5.00 May Be dded to Fees				
10.		OFFICERS.	AND DIRE	ICTORS	11.		ADDITIONS	L /CHANGES TO OFF	ICERS AND	DIRECTORS	S (N 11
101.E	P Datete				ΉTL	E			*****	Change	Addition
NAME	SUFFERN, MARIO			NASA 		1					
STREET ADDRESS CHY-SI-ZIP	161 GRANDON BLVD SUITE 211 KEY BISCAYNE, FL 33149					ET ADORESS -SI-ZIP					
TITLE					rnti	E				Change	Addition
NAME					NAM	-					
STREET ADDRESS CITY+ST-ZIP						EET ADERESS '-ST-ZIP					
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12. Thereby certify that the information supplied with this filling does not qualify for the examption 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.											

NTED HAME OF BIGHING OFFICER OR DIRECTOR