## 2005 FOR PROFIT CORPORATION

ANNUAL REPORT				Feb 14, 2005 08:00 A
1. Entity Nan	MENT # S71832			Secretary of State
5432 NORT	HWEST FIRST AVE.	Mailing Address 5432 NORTHWEST FIRST AVE. FT. LAUDERDALE, FL 33309		Lindriyalə xil xodar irəbi xolko iliyə iliyə xoliy əldiy əldiy əldiy əldiy əldiy əldiya
DO NOT WRITE IN THIS SPACE				01172005 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent  KABACK, CHARLOTTE  5432 NW FIRST AVE.  FT. LAUDERDALE, FL 33309				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  Signoture, hyper or printed name of registered agent and title if applicable.  (NOTE Registered Agent stgnature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.				
			and the second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BARTH, STEVEN 1004 BASIL RD MCLEAN, VA 22101 S KABACK, CHARLOTTE	CTORS		
STREET ADDRESS	5432 NW FIRST AVENUE FORT LAUDERDALE, FL	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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 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.				