2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

FILED Apr 05, 2004 08:00 AM Secretary of State

1. Entity Name	MENT # S81011 PROPERTIES CORP.				56	ci etai y	of State		
Principal Place of Business Mailing Address 13930 SW 30 ST. 13930 SW 30 ST MIAMI, FL 33175 MIAMI, FL 33175							######################################		
DO NOT WRITE IN THIS SPA				03082004	No Chg-P	CR2E034 (1			
			_	4. FEI Numb 65-028			Not Applicable		
				5. Certificate	of Status Desired		5 Additional Required		
6. Name and Address of Current Registered Agent ALEMAN, ROSENDO S. 13930 SW 30 ST MIAMI, FL 33175				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the ons of registered agent. Signature, typed or printed name of registered agent and			gistered agent, or bo	th, in the State of Flo	orida I am familia	ar with, and accept		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DI	RECTORS		, , , , , , , , , , , , , , , , , , ,	<u> </u>		,		
NAME STREET ADDRESS CITY - ST - ZIP	D ALEMAN, ROSENDO S. 13930 SW 30 ST MIAMI, FL 33175				U00000 04/05/04-	102487 -80016-023	3 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE			
TITLE NAME STREET AUDRESS				IN '	THIS SF	PACE			

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 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.

SIGNATURE: X	Roundle.S.a	Limon	ROSENDO	ALEMAN	4-1-04	305-55/2	23 <i>2</i>
	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING OFFICER OR DIRE	стоя		Date	Daytime Phone #	