2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 08:00 AM Secretary of State

1. Entity Nan	MENT # S83303				Seci	etary o	f State
9806 PINES	BLVD	Mailing Address 9806 PINES BLVD PEMBROKE PINES, FL 33024	V		II (SIEM II PSE IIII) ESIMM 1111		
E	O NOT WRITE I		CE	01112005 4. FEI Numbi 65-029		CR2E034 (10	/03) Applied For Not Applicable 5 Additional
NIX, MAR 9806 PINE PEMBROI	E		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 the obligations of registered agent. SIGNATURE Signature, hipsed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees							with, and accept
After M	ay 1, 2005 Fee will be \$550.00	Adde	ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D NIX, MARIE 9806 PINES BLVD. PEMBROKE PINES, FL 33024	CTORS			0000002 02/25/05-8	 43254 0033-00 9	15ປ.ໜັ
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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 of 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: SignAfture and typed on printed name of Signing Officer on Diffection Date Dayline Phone 4							