## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Jul 11, 2005 08:00 A		
<ol> <li>Entity Nan</li> </ol>	MENT # S87025  MARRERO & ASSOCIATES, F			Secr	etary of State	
2903 SALZE	DO STREET	tailing Address 2903 SALZEDO STREET CORAL GABLES, FL 33134	US		RI (2111 IVEN REVIENNEN EN EUR	ri wiwas wiwas wakii wakii wiwasiwwa as swwi
C	OO NOT WRITE II		CE	07062005 4. FEI Numb 65-028	er 39285	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MARRERO, JULIO C. 2903 SALZEDO STRET  CORAL GABLES, FL 33134			DO NOT WRITE IN THIS SPACE			
8. The above the obligate SIGNATURE.	named entity submits this statement for the ptions of registered agent.  Signature, typed or printed name of registered agent and bite		ed office or register		ith, in the State of Florida	. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F  Due by September 7, 2005 Trust Fund Contributi				OO May Be do Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVT MARRERO, JULIO C. 2903 SALZEDO STREET CORAL GABLES, FL SD	OTORS		-	U0000031 07/11/05-80	71807 1005-017 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MARRERO, JULIO C. 2903 SALZEDO STREET CORAL GABLES, FL	· · · · · · · · · · · · · · · · · · ·	<del></del>	<u>-</u> 	y	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ුව පැ දික් . එට නො එ ව 	<u>.</u>	indian state and	
NAME STREET ADDRESS						

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 acquirate 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: \_

SIGNATURE AND TYPED OF PRINTED THAME OF SIGNING OFFICER OR DIRECTOR

7/6/05

Daytime Phone #