2005 FOR PROFIT CORPORATION ANNUAL PORT

FILED Mar 05, 2005 08:00 AM Secretary of State

	ANNOAS	PURI			7/1667	2,2000 00.001
DOCUI 1. Entity Nam STIMULU		-			Sec	retary of State
17420 SW 2	e of Business 66 TERRACE , FL 33031 US	Mailing Address 17420 SW 266 TERRACE HOMESTEAD, FL 33031	5	,	-	
			an Townson and Table			
			The state of the s			8,811 8,811 8,911 8,914 8,915 10,129 1,104
D	O NOT WRITE	CE	02092005	No Chg-P	CR2E034 (10/03) Applied For	
				65-032	4965	Not Applicable \$8.75 Additional
	. N		T	5. Certificate	of Status Desired	Fee Required
	6. Name and Address of Current Re	egistered Agent				Market W. L
	266 TERRACE	DO NOT WRITE				
HOMESTEAD, FL 33031			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						
Signature, typed or printed name of registered agent and filte if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	ncing \$5.	.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS				Printerior of the publication of the state o
TITLE NAME	SALAZAR, NORA					
STREET ADDRESS CITY-ST-ZIP	17420 SW 266 TERRACE HOMESTEAD, FL 33031				0000001 02/05/05-0	252059 80012-002 150.00
TITLE		<u></u>		=======================================	00/00/00	oura car ran in
NAME STREET AODRESS						
CITY-ST-ZIP						
TITLE NAME				<u> </u>		
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
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NAME STREET ADDRESS				***		/\U_
CITY-ST-ZIP						
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NAME STREET ADDRESS						
CITY-ST-ZIP		1				
12. I hereby of indicated	ertify that the information/supplied with it on this report or supplemental report is tr	is filing does not qualify for the exer ue and accurate and matthy signal	mention stated in Se ure shall have the s	ction 119.07(3) same legal effer	(i), Florida Statutes. I	further certify that the information path; that I am an officer or director
indicated on this report or supplemental report is frue and acturate and that ray 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 of trustee employees to produce this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on any attachment with so address, with all other like employees. SIGNATURE:						
SIGNATURE! /// 3-1-05 / 303						