2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 15, 2004 08:00 AM Secretary of State

# V14045						Secretary of State			
					i cui y	or state			
	Mailing Address 11909 SW 78TH TERRACE MIAMI, FL 33183								
		CE	01082004 4. FEI Number 65-0330	No Chg-P	CR2E034	a)) #3#15 #3#16#as to last			
ARIO	istered Agent	-	_						
tor printed name of registered agent and to FEE 18 \$150.00	ille il applicable. (NOTE Registe 9. Election Campaign Fina	red Agent signature requires	d when reinstating)	, at the diale of the	DATE	nai wai, gra eccept			
OFFICERS AND DIF ANTONIO V. 78 TERRACE	ECTORS			U00000	 1004517				
V. 78 TERRACE		- 		.01/15/04-	·800160	04 150.00			
			DO	NOT W	RITE				
			IN T	THIS SF	PACE				
	ORIDA, INC. S CE OT WRITE I B and Address of Current Reg ARIO TE 201 by submits this statement for the stered agent. If or printed name of registered agent and to the state will be \$550.00	Mailing Address T1909 SW 78TH TERRACE MIAMI, FL 33183 OT WRITE IN THIS SPA THE ARIO TE 201 The and Address of Current Registered Agent ARIO TE 201 The analysis of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent. The agent of the purpose of changing its registered agent and the purpose of changing its registered agent. The agent of the purpose of changing its registered agent and the purpose of changing its registered agent. The agent of the purpose of changing its registered agent and the purpose of changing its registered agent. The agent of the purpose of changing its registered agent and the purpose of changing its re	Mailing Address CE 11909 SW 78TH TERRACE MIAMI, FL 33183 OT WRITE IN THIS SPACE De and Address of Current Registered Agent ARIO TE 201 Ty submits this statement for the purpose of changing its registered office or registered agent. APRIO TE 18 \$150.00 THE	ORIDA, INC. S Mailing Address CE 11909 SW 78TH TERRACE MIAMI, FL 33183 OT WRITE IN THIS SPACE 4. PEI Number 65-0330 5. Certificate of card Address of Current Registered Agent ARIO TE 201 DO IN T ARIO TE 201 OFFICERS AND DIRECTORS ANTONIO N. 78 TERRACE L 33183 ANTONIO E.NUNEZ N. 78 TERRACE L 33183 DO DO DO DO DO DO DO DO DO D	ORIDA, INC. S Mailing Address CE 11909 SW 78TH TERRACE MIAMI, FL 33183 OT WRITE IN THIS SPACE O1082004 No Chg-P 4. FEI Number 65-0330277 5. Cartificate of Status Desired DO NOT W IN THIS SP ARIO TE 201 DO NOT W IN THIS SP ARIO TE 201 PEE 18 \$150.00 14 Fee will be \$550.00 OFFICERS AND DIRECTORS ANTONIO N. 78 TERRACE L 33183 ANTONIO E.NUNEZ N. 78 TERRACE L 33183 ANTONIO E.NUNEZ N. 78 TERRACE L 33183 DO NOT W IN THIS SP ONOTE Registered Agent separated when renutating) OFFICERS AND DIRECTORS ANTONIO E.NUNEZ N. 78 TERRACE L 33183 DO NOT W IN THIS SP ONOTE Registered Agent separated when renutating) OFFICERS AND DIRECTORS ANTONIO E.NUNEZ N. 78 TERRACE L 33183 DO NOT W D	Mailing Address T1909 SW 78TH TERRACE MIAMI, FL 33183 OT WRITE IN THIS SPACE 11909 SW 78TH TERRACE MIAMI, FL 33183 OT WRITE IN THIS SPACE 1. FEI Number 65-0330277 5. Certificate of Status Dosired			

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 earlieress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

LISTER AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04

Daytime Phone #