2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 08:00 AN Secretary of State

DOOL	MENT # 1/07070	THE AND		Secretar	y of State	
1. Entity Nam	MENT # V37976			- -,	·	
	M. ROJAS, P.E., PH.D., CON					
Principal Place	e of Business	Mailing Address				
933 CRANDON BLVD P.O. BOX 490441			}			
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	O NOT WRITE	IN THIS SP	ACE	4. FE! Number		Applied For
				65-0365956		Not Applicable
	in a saya wali sa kata kata kata kata kata kata kata k			5. Certificate of Status I		B.75 Additional se Required
	6. Name and Address of Current Re	egistered Agent		આ ગુન્સાનો તેવું સુંવર્ષો નોલેલ	njaniga menghara menghara	A Property of the Property of
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ROJAS, RAFAEL M 933 CRANDON BLVD					WRITE	
KEY BISCAYNE, FL 33149				IN THIS	SPACE	3. 3
{						
8. The above	named entity submits this statement for the	he purpose of changing its regi	stered affice or register	ea agent, or both, in the S	tate of Florida. I am far	niliar with, and accept
	tions of registered agent.	harbane or econishing in redi				
SIGNATURE.		<u></u>			·	
	Signature, typed or printed name of registered agent and	titile if applicable. (NGTE, Reg	ustered Agent signature required	when renstating)	DATE	133
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign F		.00 May Be		
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribut	úon. ∐ Add	ed to Fees		_
18.	OFFICERS AND D	IRECTORS			1974 State State	
TITLE NAME	ROJAS, RAFAEL M.				ekana na saabaal ni 1997 holisi Historiaan kaaba ni 1986 holisi	
STREET ADDRESS	933 CRANDON BLVD.				0000000003068	
TITLE	KEY BISCAYNE, FL 33149	·	<u> — indepidatio</u>	area de pro-	13/04-80040	018 158.75
NAME						
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NAME				IV ITII	JOFAUE	
STREET ADDRESS CITY-ST-ZIP	}		a tar		anderig en 1900. Parllandinak	Ma <u>lital</u> itanismasiki
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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 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:

Rafael M. Rojas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAIG OFFICER OR DIRECTOR

Jan 7 04 305-361-0236

Daytime Phone #