2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AN Secretary of State

1. Entity Nam	MENT # \$\overline{V}56285				Secret	ary or State
Principal Place 246 S.W. 10 MIAMI, FL 3	= · · · · · · · · · · · · · · · · · · ·	Mailing Address 246 S.W. 102ND PL MIAMI, FL 33174				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04292005 No Chg-P CR2E034 (10/03) 4. FEI Number		
MIAMI, FL	RMANDO 102ND PLACE 33174	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 accept the obligations of registered agent. SIGNATURE Signature, typed 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND D	IRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOPEZ, ARMANDO 246 S.W. 102ND PLACE MIAMI, FL 33174	34. v	= <u></u>	<u>a e esta esta esta esta esta esta esta e</u>		· .
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				==IN THI	S SPACE	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Serving Co.			The state of the s	
Title Name Street address City-St-Zip					The state of the s	
12. I hereby of indicated of the conchanged,	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore or on an attachment with an address, w		mption stated in Secure shall have the stall have the stad by Chapter 607		la Statutes. I further ce ade under oath; that I hat my name appears i	rtify that the information am an officer or director in Block 10 or Block 11 if
SIGNATURE: PROSTED RESIDENT 4 29 2005 388-2830 BIGNATURE AND TYPES OF PRINTED RANGES OF PICER OF CHECTOR OF C						