2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam LATIN PO	ie	# V58064 NC.					05-03-2004	91248	013 ***	150.00
Principal Place of Business Mailing Address										n n n ii
1975 E. SUN	irise blvd.		1975 E. SUNRISE BLVD.					. (3408	3388
#810 ET LAUDERDALE EL 33304			#810					•		1.2
FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 3330							L BANKA ABANI BEBAH BANA BANA	elen bibli bil	DA BERRIE ÚLBOR O	HERNATA II ARA
2. Principal Place of Business			3. Mailing Address							
College Arth 16 and			Suite, Apt. #, etc.							
Suite, Apt. #, etc.			Suite, Apr. #, etc.			04192004	Chg-P	CR2E0	34 (10/03	3)
City & State			City & State			4. FEI Numbe			<u> </u>	Applied For
Zia . Country		Zip Count			65-0442887				Not Applicable	
Zip · Co		Country	Z ip	Court	uy	5. Certificate	of Status Desired	□.	\$8.75 A Feø Requi	dditional red
6. Name and Address of Current F			Registered Agent			7. Name and	Address of New Re			
VASQUEZ, ELAINE					Name					
1975 E SUNRISE BLVD				Street Address (P.O. Box Number is Not Acceptable)						
#810	IDEODAI	F FL 00004					<u></u>			
PURI LAU	DEKDAL	E, FL 33304			0				T = =	
			·		City			FL	Zip Co	
	named entiti ions of regisi		the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Flo	rida. Lam	familiar wit	h, and accept
ine congar	ions of regis	is agent			•					
SIGNATURE	Signature typed	for printed name of registered agent a	and hille if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
	43									
FIL After Ma	E NOW!!! ay 1, 200	-FEE !\$ \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ded to Fees	-			
10.		OFFICERS AND I	L DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 11
THLE	Р		☐ Delete	IITL					Change	Addition
NAME	VASQUEZ, ERWIN M MD. 2600 N.E. 9TH ST.			NAM			•			
STREET ADORESS CITY-ST-ZIP	FORT LA			ET ADDRESS -ST-ZIP						
TITLE	VP		□ Delete	TITL	E				☐ Change	Addition
NAME	VASQUE	Z, ELAINE		NAM	E					-
STREET ADDRESS	1	26TH AVENUE			ET ADDRESS -ST-ZIP					
CITY-S1-ZIP					+				☐ Change	Addition
TITLE NAME		• •	D-Delete	E P	•				, D vacuulou	
STREET ADDRESS	Į			STRE	ET ADDRESS					
CITY-ST-ZIP	ļ			CITY	- ST - ZIP					
TITLE NAME			☐ Delete	TITLI	ì				☐ Change	e 🔲 Addition
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CITY-ST-ZIF				ÇITY	-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	1.			NAM STRE	EF ADDRESS					
CITY-SI-ZIP	}		*		-ST-ZIP					
HILE	l		☐ Delete	TITL	Ę				☐ Change	e 🔲 Addition
NAME DESCRIPTION		•		NAM	į.					
STREET ADDRESS CITY+ST-ZIP					ET ADDRESS - ST-ZIP					
12. I hereby (Lcertify that th	ne information supplied with	this filing does not qualify fo	r the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes. I	further ce	rtify that the	e information
indicated of the cor	I on this repo rporation or t	ort or supplemental report is the receiver or trustee empo	true and accurate and that it were to execute this report	my signa t as requ	ture shall have the	≰ame legal effec	at as if made under d	ath; that I	am an offic	er or director
changed	, or on an att	schment with an address, v	with all other like empowered	l	cl.	/ .		954	5d)	2_
SIGNAT	TURE: (Lacuel	lasquer		772	4/21/1	4		062	7
		SIGNATURE AND TYPED OF P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR L	1	Date	1	Jaylarne Phone	*

See letter attached