## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

## FILED Apr 05, 2004 08:00 AM Secretary of State

			<del></del>	7	Secretary of State
1. Entity Nam	MENT # V72173	<u> </u>			
Principal Plac	e of Business	Mailing Address		)	
3440 ERIC T DELTONA, FI		3440 ERIC TER DELTONA, FL 32738			
		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		
DO NOT WRITE IN THIS SPA			CE	03082004	No Chg-P CR2E034 (10/03)
			OL.	4. FEI Numb 59-314	18196 Not Applicable
		the contract of the second	<u> </u>	5. Certificate	of Status Desired Fee Required
6. Name and Address of Current Registered Agent					
DAVILA, JOSE 3440 ERIC TER DELTONA, FL 32738				-	NOT WRITE 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 explicable. (NOTE: Registered Agent signature required when reinstaling)  DATE					
FILE NOWI!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND D	RECTORS	-		
NAME STHEET ADDRESS CITY-SI-ZIP	DAVILA, JOSE 3440 ERIC TERRACE DELTONA, FL				U00080102942 04/05/04-80037-003 150.00
TITLE NAME CTREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP  TITLE  NAME		IN THIS SPACE			
STREET ADDRESS GITY-ST-ZIP					<u></u> -
RTLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS					

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 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 address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR