2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	MENT # 180094			Feb 16, 2006 08:00 AM
t. Entity Nam				Secretary of State
L&ACO	PRP.			7
Principal Plac	ce of Business	Mailing Address		
6166 PINE TREE DRIVE MIAMI BEACH FL 33140-2129		6166 PINE TREE DRIVE MIAMI BEACH FL 33140		
2. Principal Place of Business		3. Mailing Address		
Suite. Apt. If, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-0731461 Applied For Not Applied
Zıp	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
COHEN, SYLVIA 6166 PINE TREE DRIVE MIAMI BCH FL 33140			Name	
		•	Street Address	s (P.O. Box Number is Not Acceptable)
IVIIA	IMI DCIT FE 33 140			<u></u>
			City	FL Zip Code
	tions of registered agent.		Pagnatered Office of regist	rered agent, or both, in the State of Florida. 1 am familiar with, and acce red when renorating) DATE
	ILE NOW!!! FEE IS \$150.00	7 000 400		
	May 1, 2006 Fee Will Be \$550. k Payable to Florida Department	00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Feet
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 path, 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.

SIGNATURE: Sylvia Caken