2006 FOR PROFIT CORPORATION

FILED
May 01, 2006 08:00 Al
Secretary of State

ANNUAL REPORT						
Mailing Address	,					
8080 WEST 26TH COURT HIALEAH, FL 33016						
	Mailing Address 8080 WEST 26TH COURT					



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305-556-6741 Daytime Phone #

4/28/06

LAYNE, PAUL JON ESQ. 1792 BELL TOWER LANE FORT LAUDERDALE, FL 33326

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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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, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, LUIS M 8080 W 26TH CT HIALEAH, FL 33016					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIJARES, MANUEL 8080 WEST 26TH COURT HIALEAH, FL 33016				1/00000553244 05/15/06-80044-005 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		:				
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TITLE NAME						
NAME STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 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 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.						

AME OF SIGNING OFFICER OR DIRECTOR