2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam C.C.J.P.,)	03-07-2006	90011 03.	5 ***150	0.00
Principal Place of Business Mailing Address				•	Ī				
600 BILTMOI	C/O JAIME SUAREZ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
NO.3 354 SEVILLA AVENUE			1124		•				
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134							1811 SIFII BIBI		
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006	Chg-P	CR2E034	· · ·		
City & State		City & State		4. FEI Number 59-2839			No	plied For t Applicable	
Zip Country		Zip Country		try	5. Certificate o	f Status Desired		8.75 Addi se Required	
	6. Name and Address of Current	Registered Agent	1		7. Name and A	Address of New R			
				Name					
SUAREZ, JAIME 354 SEVILLA AVENUE CORAL GABLES, FL 33134			Street Address (P.O. Box Number is Not Acceptable)						
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·			City	ity FL Zip Code					
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE_									-
SIGNATORIES	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
				 					
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con	tribution.		5.00 May Be Ided to Fees				
After Ma	ay 1, 2006 Fee will be \$550. OFFICERS AND	9. Election Campa Trust Fund Con DIRECTORS	tribution.	□ Ad	5.00 May Be Ided to Fees	CHANGES TO OFF	FICERS AND D		
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR