FROM : DUBE ACCOUNTING

FAX NO. :305 2215895

Apr. 24 2007 01:53PM P2

## FILED Apr 27, 2007 08:00 Al Secretary of State

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000073750** CAMINO DE ESPERANZA, INC. Malling Address Principal Place of Business 5903 SW 147TH PL 5903 SW 147TH PL MIAMI, FL 33193 MIAMI, FL 33193 ,400,000,073,742,2 No Chg-P CR2E034 (11/05) 04242007 edokiojavistija kalikesikioje Applied For 4. FEI Number 65-1120286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARIA CRISTINA RODRIGUEZ 1335 S W 102 PLACE IN THIS SPACE MIAMI, FL 33174 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. (NOTE: Registered Agent argusture required when miniming) DATE Signature, typed or orbited name of registered agent was life if applicable. 9. Election Campaign Financing \$5.00 May Bo FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RODRIGUEZ, MARIA CRISTINA STREET ADDRESS 1335 SW 102 PLACE M(AM), FL 33174 CITY-ST-ZIF NAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-57-29 TIFLE NAME STHEET ADDRESS CITY-ST-ZIP Π'nF NAME STREET ADDRESS CITY-ST-ZP

12. Thereby 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Plorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

EXCHATURE AND TYPES OR PRINTED RAME OF BICKING OFFICER OR DIRECTO

04-24-04

305 382 2570