


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000046929

1. Entity Name
9751 CORPORATION



Principal Place of Business
**ONE SE THRID AVE STE 2250
 MIAMI, FL 33131**

Mailing Address
**PO BOX 561661
 MIAMI, FL 33256-1661**

DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
90-0077075

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS, INC.
 2250 SUNTRUST INTERNATIONAL CENTER
 ONE SE THIRD AVE
 MIAMI, FL 33131**

DO NOT WRITE IN 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 applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ESCAGEDO, GREGORIO III PO BOX 561661 MIAMI, FL 332561661
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 05/20/06-80073-006 550.00

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _____ *May 10, 2006 305-665-9291*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #