## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** Mailing Address

SIGNATURE:

**FILED** Apr 23, 2007 08:00 AM Secretary of State





CR2E034 (11/05)

No Chg-P

18/07

04122007

DO NOT WRITE IN THIS SPA				4. FEI Number 20-0368279  5. Certificate of Status Desired			Applied For Not Applicable
	6. Name and Address of Current Regis	tered Agent	,	5. Certificate	of Status Desired		e Required
SOLOMON, MAYRA 12925 SW 116 ST MIAMI, FL 33186			•		NOT W		
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Flor	ida. Tam fan	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature	required when reinstating)		DATE	
FILE NOWII: FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campa  Trust Fund Con			cing	\$5.00 May Be Added to Fees	** <b>**</b>		
10.  ITILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIRECT PVS SOLOMON, MAYRA 12925 SW 116 ST MIAMI, FL 33186	CTORS		DO	0000 05/04/0 <b>NOT W</b>		96 6-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				IN T	THIS SP	ACE	
CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  12. Thereby of	certify that the information supplied with this to	olling does not quality for the exe	mptions con	tained in Chapter 119	), Florida Statutes. I I	urther certify	that the information
indicated of the cor changed	certify that the information supplied with this it on this report or supplemental report is true reportation or the receiver or trustee empowered, or on an attachment with an address, with all	nd accurate and that my signate to execute this report as require other like empowered.	ure shall hav ed by Chapt	e the same legal effecter 607, Florida Statute	ct as if made under o es; and that my name	ath; that Lam appears in E	an officer or director Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR