## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** May 16, 2007 8:00 am Secretary of State 05-16-2007 90021 043 \*\*\*150.00

DOCUMENT # P05000108867 1. Entity Name

Mailing Address  8321 NW 7TH STREET MIAMI, FL 33126  3. Mailing Address Suite, Apt # etc.	SUITE 208	40114eno		
Suite, Apt. # etc. 9/	SW 106 1			
Suite, Apt. # etc. 9/				
0,00	ろ	04212007 Chg-P	CR2E034 (12/06)	
City & State	Fr.	4. FEI Number 20-3275055	<del>                                     </del>	plied For
33196	Country SA	Certificate of Status Desired	\$9.7E	titional
s of Current Registered Agent	Name / -	7. Name and Address of Nev	v Registered Agent	
SAEZ, KARINA G				
. 206	1534	10 5W 106	- /EXX	
	City	8/2	El Zip,Cog	191
s statement for the purpose of changing its	s registered office or regist	ered agent, or both, in the State of	· —   // /	and accept
<i></i>	Jarina (	SAEZ, PAZO	5 4/24	107
130.00	· · · ·			
	11.	ADDITIONS/CHANGES TO C		S IN 11
	NAME STREET ADDRESS CITY-ST-ZIP		Orange	
☐ Delete	TITLE		☐ Change	Addition
	STREET ADDRESS CITY - ST - ZIP			
☐ Defete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change	Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
☐ Delete	TITLE INAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
	## Statement for the purpose of changing its ## registered agent and telle if applicable	Street Address  City '	Street Agdress (P.D. Box Number is New December in New December is New December in New Decembe	To determine the purpose of changing its registered Agent.  To Name and Address of New Registered Agent.  Street Address (P.O. Box Number is Not Adopted agent.)  Street Address (P.O. Box Number is Not Adopted agent.)  Street Address (P.O. Box Number is Not Adopted agent.)  Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the discolation in the State of Florida. I am familiar with, and the discolation in the State of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and the state of Florida. I am familiar with, and a state of Florida. I am familiar w

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

KARINA G. SAEZ 4/2/07 395-4366.