FILED Jun 18, 2007 8:00 am Secretary of State 05-10-2007 90028 033 ***150.00

2007 FOR PROFIT CORPORATION . **ANNUAL REPORT**

1. Entity Name	# P0600011849	95							
3405 NW 32 AVE.		Mailing Address 3405 NW 32 AVE. MIAMI, FL 33142			6601934				
2. Principal Place of Busin	ess - No P.O. Box # 3	, Mailing Address		•					
Suite, Apt. ∉, etc.		Suite, Apt. #, etc.			03232007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State			4. FEI Numb	er 543348			oplied For of Applicable
Zip	Country	Zip	Count	ry		of Status Desired		8.75 Add	
6. Name	and Address of Current Reg	Istered Agent.		Name	7. Name and	Address of Naw F	Registered A	ont	
ROMERO, GRISEL 3405 NW 32 AVE. MIAMI, FL 33142	<i>.</i>	·		Street Addres	s (P.O. Box Numb	er is Not Acceptable	e)	,	
Ř.			l	City			FL	Zip Cod	8
	FEE IS \$150.00 Fee will be \$550.00	9. Election Campaix Trust Fund Contr	gn Finan	cing _ \$	55.00 May Be		DATE		
TITLE DPST NAME ROMERO STREET ADDRESS 7524 W. 4 CITY-ST-ZP HIALEAH,	AVE.	ECTORS Delete		- 1	ADDITIONS	CHANGES TO OFF		DIRECTOR:	S IN 11
TITLE NAME STREET ACORESS CITY-ST-ZIP		☐ Delete		- 1			(☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dekte		T ADDRESS ST-ZIP			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dellete		ı				_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C) Deleta		- 1				Change	Addition
EITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Detete		ı			j	Change	Addition
 I hereby certify that the indicated on this repor of the corporation or the changed, or on an atta 	e information supplied with this t or supplemental report is tru- le receiver or trustee empower comment with an actiress, with	litting does not qualify for e and accurate and that m ed to execute this report a all other like empowered.	r the exe ny signati as requir	mptions contain ure shall have th ed by Chapter 6	ne same legal effec 507, Florida Statute	t as if made under one is; and that my name	further certify bath; that I am e appears in	that the in an officer Block 10 or	iformation or director Block 11 if
SIGNATURE: _	SUBSTATUSE AND TYPED OR PRINT	EG NAME OF SUGNING OFFICER O	De DIRECT	oe.	04	-12.07	Clane	ine Phone #	