## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 Al Secretary of State

ANNUAL REPORT						May 01, 2006 08:0 Secretary of Sta		
1. Entity Nar		P970000284	113			S	ecretary of Sta	
•	ce of Business 156TH STREET 33187		Mailing Address 18390 SW 156TH STRE #16 MIAMI, FL 33187	ET				
					0419200	6 No Chg-P	CR2E034 (11/05)	
L	OO NOI	WRITE	IN THIS S	PACE	4. FEI Nut 65-0	mber 740629	Applied For Not Applicable	
		grafia (1909) ga prili da pisa. Salah salah s Salah salah sa		and the second s	-1-2	ate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and	Address of Current Re	gistered Agent	1,,		F		
HERA, AE	BEL A V 156TH STRE	<del></del>			<b>D</b> C	NOT W	RITE	
#16		=1				THIS SP	• 1	
MIAMI, FL	L 3310/						an en	
8. The show	e named entity sub	mits this statement for ti	ne ournose of changing its r	egistered office or re	distered agent, or		rida. I am familiar with, and accept	
	ations of registered		to perpose of enteringing to		giotocoa agonti o			
SIGNATURE	Signature, typed or print	ed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature	required when reinstaling		DATE	
FII After M	LE NOW!!! FEI lay 1, 2006 Fe	E IS \$150.00 e will be \$550.00	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees			
10.		OFFICERS AND DI	RECTORS				ere e e e e e e e e e e e e e e e e e e	
TITLE	D							
NAME STREET ADDRESS	HERA, ABEL A	N TH ST. STE 16			h.,	a secretar sec sub-state (SE)	19×11460	
CITY-ST-ZIP	MIAMI, FL 33	•		····		linni	000554570	
TITLE	PVST						06-80097-013 150.00	
NAME STREET ADDRESS	HERA, ABEL A	TH ST, STE 16				· · · · · · · · · · · · · · · · · · ·	s dignification	
CITY-ST-ZIP	MIAMI, FL 33				, a market green i.	1.1	Maria Landina and Company	
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NAME STREET ADDRESS			•					
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	1			<b>.</b>			• '	
RITLE				<u> </u>	· =	e manazione di Salaria. Salaria		

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 Slock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Cafe

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.34.06

Daytime Phone #