2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2006 08:00 Al

DOCU 1. Entity Nam 7190 INC					Sec	retary (of State
Principal Place of Business 14872 SW 22 TERRACE MIAMI, FL 33185 US Malling Address 14872 SW 22 TERRACE MIAMI, FL 33185 US							
D	O NOT WRITE	CE	03022006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0253175 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent BERMUDEZ, ALBERTO 14872 SW 22 TERRACE MIAMI, FL 33185			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 Finan Trust Fund Contribution.			noing \$5.	00 May Be ed to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I D BERMUDEZ, ALBERTO 14872 SW 22 TERRACE MIAMI, FL 33185	DIRECTORS			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000549209 05/13/06-80012-003 150.00					
TITLE NAME Street Address City-St-Zip				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	
BTLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or fitustee 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 all other than the province of the corporation of the receiver of the receiver of the corporation of the receiver of the receive

SIGNATURE:

Alborto Born dez NAME OF SIGNING OFFICER OR DIRECTOR