

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90013 011 \*\*\*150.00

60014816



01252006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2245616** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

LEDER, NATHAN I P.A.  
1330 S.E. 4TH AVENUE  
SUITE G  
FORT LAUDERDALE, FL 33316

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | P                          | <input type="checkbox"/> Delete            |
| NAME           | SAN ROMAN, TONY            |  |
| STREET ADDRESS | 2843 SO. BAYSHORE DR #17 D |  |
| CITY-ST-ZIP    | COCONUT GROVE, FL 33133    |  |
| TITLE          | VP                         | <input type="checkbox"/> Delete            |
| NAME           | MOORE, THOMAS A JR.        |  |
| STREET ADDRESS | 5770 S.W. 74TH TERRACE     |  |
| CITY-ST-ZIP    | SOUTH MIAMI, FL 33143      |  |
| TITLE          | ST                         | <input type="checkbox"/> Delete            |
| NAME           | PADILLA, ANTONIO           |  |
| STREET ADDRESS | 8560 S.W. 212TH STREET     |  |
| CITY-ST-ZIP    | MIAMI, FL 33189            |  |
| TITLE          | V                          | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTINEZ, LUIS             |  |
| STREET ADDRESS | 5007 GAITHERS POINTE DRIVE |  |
| CITY-ST-ZIP    | DURHAM, NC 27713           |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Delete            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/06 305-448-0999  
Date Daytime Phone #