


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000010640	
1. Entity Name 201 CORPORATION	

Principal Place of Business 3111 N.W. 27TH AVE. MIAMI, FL 33142	Mailing Address 3111 N.W. 27TH AVE. MIAMI, FL 33142
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03212008 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0476320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HERNANDEZ, GILBERTO 3111 N.W. 27TH AVE. MIAMI, FL 33142
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVATIERRA, CARLOS 3111 N.W. 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERRE-LOUIS, FERNAND 3111 N.W. 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, ORLANDO 3111 N.W. 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINDER, AMI 3111 N.W. 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, AMERICO 3111 N.W. 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000486270  
04/13/06-80030-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 to this report, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Orlando Lopez S.* 3.27.06 3058877777