2007 FOR PROFIT CORPORATION ANNUAL REPORT

Signature Sign	1. Entity Nam	е	# 404605 ERTIES, INC.				FILED 07 APR 23 AM 8: 27 OCUMEN ANY OF STATE					
Suite, Apt #, etc.	2300 CORAL WAY SUITE 200				2300 CORAL WAY Suite 200							
City & State City & State City & State Country Country Country Sp. 1492324 Sp. 75 Addisonal FS9-1492324 Sp. 75 Addisonal FS9-1492324 Sp. 75 Addisonal FS9-1492324 Sp. 75 Addisonal FS9-1492324 Sp. 75 Addisonal FS9-75 A	2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Sp-1492324 Sp-	Suite, Apt. #, etc.				Suite, Apt. #, etc.			01242007	Chg-P	CR2E	34 (12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the resistance of Florida. I am familiar with, and according to the resistance of Florida. I am familiar with, and according to the resistance of Florida. I am familiar with, and according to the resistance of Florida. I am familiar with, and according to the resistance of Florida. I am familiar with, and according to the resistance	City & State			(City & State			1				pplied For at Applicable
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		7	Zip Cour		try	5. Certificate	e of Status Desired	8		
FLC ROTOR ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 8. The above named entity submits this statement for the purpose of changing its registered office or registered signet, or both, in the State of Florida. I am familiar with, and accomply the obligations of registered agent. SIGNATURE Signature Description Descript	6. Name and Address of Current			Regis	tered Agent	News	7. Name and	d Address of New F	Registered	Agent		
SUITE 200 MIAMI, FL 33145 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 acc the obligations of registered agent. SIGNATURE Title NOWILL FEE IS \$150.00												
8. The above named entity submits this statement for the purpose of changing its registered office or registered sigent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Superure, Speak or currant and registered agent are she if applicable. (NOTE Pregistered Agent segment received agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. In the polyment of the purpose of changing its registered office or registered sigent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. In the polyment of the purpose of change agent are she if applicable. In the purpose of change agent agent agent agent agent agent agent agent agent. In the purpose of change agent agent. In the purpose of change agent age	SUITE 200					Olivet Address	(I .O. BOX NOTE	or is Not Acceptable				
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Suprava, speed of change of registered agent and the flavolidable (NOTE Heightened Agent agriculte required when renatiating) DATE FILE NOWILL FEE IS \$150.00	MIAMI, FL 33145					City			EI	Zip Cod	<u></u> е	
SIGNATURE Signature speed or primer name of regimened agent and the it applicable (NOTE Registered Agent synature required when remissiong) DATE	8. The above	named entit	y submits this statement for	ourpose of changing its	d office or regist	ered agent, or bo	oth, in the State of FI		familiar with,	and accept		
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.												
ARTER May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees												
TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD FERNANDEZ, JOSE R STREET ADDRESS CITY-ST-ZIP MIAMI, FL SD SREET ADDRESS CITY-ST-ZIP MIAMI, FL SD SREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE VD STREET ADDRESS STREET ADDRES	FILE ROWIN FEE IS \$ 150.00											
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE SD MAME FERNANDEZ,ALBERTO STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE VD MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE VD MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE VD MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS			OFFICERS AND	DIREC		_		ADDITIONS	/CHANGES TO OF	FICERS ANI		
CITY-ST-ZIP		- Social S					I				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete Delete TITLE Delete Delet	·						I					
CITY-ST-ZIP MIAMI, FL TITLE VD FERNANDEZ,JOSE R. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE TD FERNANDEZ, JORGE LUIS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD FERNANDEZ, JORGE LUIS STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete Delete Delete Delete Delete TITLE Delete De		2 30000				I		90000	ב מומי	Change	Addition	
TITLE NAME FERNANDEZ,JOSE R. STREET ADDRESS CITY-ST-ZIP MIAMI, FL TILE TD NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE OBERES CITY-ST-ZIP	STREET ADDRESS	943 W. FLAGLER STREET				STRE	ET ADDRESS	<u> 0</u> 4	04/27/0701005029 **158.			 158.75
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE TD STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Obelete TITLE Obelete TITLE Obelete Obelete TITLE Obelete Ob										☐ Change	Addition	
CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE TD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DELET DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE NAME STREET ADDRESS CITY-ST-ZIP	NAME	FERNANDEZ, JOSE R. NAM				1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE PERNANDEZ, JORGE LUIS 943 W. FLAGLER STREET STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE							1					
STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete TITLE	l		DEZ JORGETUIS		☐ Delete						☐ Change	■ Addition
TITLE	STREET ADDRESS	943 W. FI	LAGLER STREET			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE Change Add		MIAMI, FI	<u></u>		☐ Delete	+					☐ Change	Addition
CITY-ST-ZIP	l		٨									
	l		my								- <u>-</u>	
	1	\	ℓ , ℓ		Detete		1				∐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			T									
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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR 3/14/07 (305)85 G - 005												