2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

Daytime Phone #

Country Zip Country Zip Country St. Cartilicate of Slatus Desired \$8.75 Additional Respective of Agent T. Name and Address of New Registered Agent T. Name and Address T. Name and Address of New Registered Agent T. Name and Addre	1. Entity Nam	MENT # 344354				Secretary of State			
MAMI, FL 33155 SUIT 201	Principal Plac	e of Business	Mailing Address			1			
Suito, Apt. #. etc.	1779 SW 7 S	STREET	9192 CORAL WAY	_					
2	MIAMI, FL 3	3135	SUITE 201						
Suite, Apt. #, etc.			MIAMI, FL 33165 US					ı Bigil Bibli biril bibli bibli	
Cry & State Country Cry & State Country Cry & State Country Country Country Street Address of Status Desired Street Address of New Registered Agent Note Face Required Face Required Note City FL Ci	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Country Zip	Suite, Apt.	#, etc.	Suite, Apt. #. etc.			03212007	Chg-P	CR2E034 (12/06)
S. Cartificate of Status Desired Foo Required S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	City & Stat	е	City & State					Applied For Not Applicable	
Name Street Address (P.O. Box Number is Not Acceptable)	Zıp	Country	Country Zip		ntry				
DIAZ, ROSA 981 SW 60TH STREET Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	egistered Agent	
Sireel Address (P.O. Box Number is Not Acceptable)	DIAZ DOG	24			Name				
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature board or printed name of registered agent and site if lappic case.	9881 SW 6	SOTH STREET			Street Address	(P.O. Box Number	is Not Acceptable	3)	
The obligations of registered agent. SIGNATURE Signature bond or private name of registered agent and title 1 applicative. (hOTE, Registered Agent agricular required when remaking) PATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Profficers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST DIAZ, ROSA STREET ADDRESS P.O. BOX 832288 STREET ADDRESS CITY-S1-7P MIAMI, FL 33283 Delete Delete TITLE NAME STREET ADDRESS CITY-S1-7P Delete Delete TITLE NAME STREET ADDRESS CITY-S1-7P CITY-S1-7P Delete TITLE NAME STREET ADDRESS CITY-S1-7P CITY					City			FL Zip Co	de
TILLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			or the purpose of changing its	register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am familiar witi	n, and accept
## After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution	SIGNATURE	Signature, typed or printed name of registered agent	and true if applicable. (NOT	E. Registere	d Agent signature require	id when reinstating)		DATE	
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12. Thereby 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 eath; 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	12. Thereby	certify that the information supplied with	h this filing does not qualify fo	or the exe	emptions containe	d in Chapter 119	Florida Statutes 1	further certify that the	ınformation