2007 FOR PROFIT CORPORATION

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SEVENTH AVE.	11540 N. W. SEVENTH AVE.		Secretary of St
e de		CE	01112007 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Regis ITH 4TH STREET KE PINES, FL 33024	stered Agent		DO NOT WRITE IN THIS SPACE
ions of registered agent. Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00	if applicable. (NOTE Register 9. Election Campaign Fina	red Agent signature required	ed when reinstating) DATE U08000586912
ay 1, 2007 Fee will be \$550.00			DO NOT WRITE IN THIS SPACE
11	MENT # 414191 S SERVICE, INC. O of Business SEVENTH AVE. 3168 O NOT WRITE II 6. Name and Address of Current Regis ITH ITH STREET ICE PINES, FL 33024 IN A STREET SEPINES, FL 33024 IN A STREET SEPINES, FL 33024 IN A STREET SEPINES S	Mailing Address SEVENTH AVE. 3168 11540 N.W. SEVENTH AVE. MIAMI, FL 33168 ONOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent ITH STREET TE PINES, FL 33024 ITH STREET TE PINES, FL 33024 Registered agent. Signature, typed or profiled name of registered agent and bile if applicable. (NOTE Registered agent, Trust Fund Contribution ary 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS PD ROSS, KEITH 9630 NW 4TH STREET	MENT # 414191 S SERVICE, INC. He of Business SEVENTH AVE. 3168 Mailing Address 11540 N. W. SEVENTH AVE. 3168 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ITH ITH STREET ITE PINES, FL 33024 Inamed entity submits this statement for the purpose of changing its registered office or registrions of registered agent. Signature typed or provided name of registered agent and tille if applicable. NOTE: Registered Agent agent and tille if applicable. NOTE: Registered Agent agent and tille if applicable. PD ROSS, KEITH 9630 NW 4TH STREET

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 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 seport 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

305-688-4192