## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

AIIIOAL ILLI OIII					-			
DOCUMENT # 470394  1. Entity Name					FILED			
CONCHITA BEAU						PM 1:35		
				J. Call Mark Of STATE				
Principal Place of Business 2300 CORAL WAY		Mailing Address 2300 CORAL WAY		TALT AHASSEE, FLORIDA				
SUITE 200		SUITE 200						
MIAMI, FL 33145		MIAMI, FL 33145					ı Oydıl eydir əleli eydir əleri	T   T   C   T   T   T   T   T   T   T
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01242007	Chg-P	CR2E034 (12/06	<u> </u>
City & State		City & State			4. FEI Numb 59-159	Number         Applied For           -1591625         Not Applicable		
Zip	Country	Zìp	Countr		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Nam	Registered Agent			7. Name and	Address of New R	agistered Agent		
FLORIDA ANNUAL REPORT SERVICES INC				Name				
2300 CORAL WAY SUITE 200				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33145							1	
				City			FL Zip Ci	ode
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 eigneture required when re-instating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11
TITLE PD	N DITA	☐ Delete	TITL	1			☐ Chang	e 🔲 Addition
NAME ARZOLA, RITA NAM STREET ADDRESS 572 S DR STRI			ET ADDRESS					
CITY-ST-ZIP MIAMI S	SHORES, FL 00000,		CITY	-ST-ZIP				
TITLE		☐ Delete	TITL				☐ Chang	
NAME STREET ADDRESS	NAN STR			ET ADDRESS	500095168035 03/28/0701039009 **158.75			
CITY-ST-ZIP	•			-ST-ZIP	03/2	870701035	9	58.75
TITLE	13322	☐ Delete	TITL	E			☐ Chang	e 🔲 Addition
NAME STREET ADDRESS	Bister		NAM	E ADDRESS				
CITY-ST-ZIP	Γ			-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Chang	e Addition
NAME CITIEST ADDRESS			NAM	- I				
STREET ADDRESS CITY-ST-ZIP				EFT ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITL				Chang	e 🔲 Addition
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
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NAME			NAM	_				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS - ST-ZIP				
12. I hereby certify that		th this filing does not qualify f	or the ex	emptions contained				
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.								
	() the (	ave le			al	20/02 /	20000	V) 57 -
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disputation Process of Date Date Date Date Date Date Date Date								