


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 046 ***150.00

DOCUMENT # 526217
 1. Entity Name
 3101 CORPORATION



40019179



Principal Place of Business 3101 PONCE DE LEON BLVD. CORAL GABLE, FL 33134		Mailing Address 3101 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2151 S. LE JEUNE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #204	
City & State		City & State CORAL GABLES, FL.	
Zip	Country	Zip 33134	Country

02022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1878112		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent HAUSER, CHARLES R MENDEZ/FERNANDEZ, CPA 3001 PONCE DE LEON, SUITE 203 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2151 S. LE JEUNE RD. #204 City CORAL GABLES FL Zip Code 33134	
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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: *Charles R. Hauser* CHARLES R. HAUSER 2/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUSER, CHARLES R 3001 PONCE DE LEON BLVD. #203 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 S. LE JEUNE RD. #204 CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSER, RICHARD A 3001 PONCE DE LEON BLVD #203 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 S. LE JEUNE RD. #204 CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLAIC, KRESIMIR 3001 PONCE DE LEON BLVD #203 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2151 S. LE JEUNE RD. #204 CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: *Charles R. Hauser* CHARLES R. HAUSER 2.5.07
Signature and typed or printed name of signing officer or director Date Daytime Phone #