2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

Address N 22ND AVENUE 102 FL 33125

				04232008	No Chg-P	CR2E034 (1	1/05)		
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numbe			Applied For Not Applicable		
					of Status Desired		5 Additional		
	6. Name and Address of Current Regis	tered Agent				F88 h	Required		
ZAYAS, DALIA 454 NW 22ND AVENUE SUITE 102 MIAMI, FL 33125				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or reg	istered agent, or bo	th, in the State of Flo	vida. I am familia	ar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registered	i Agent signature re	quired when re-nstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	000000 05/29/08-	943294 80054-00:	l 150.00		
10.	OFFICERS AND DIREC	CTORS		• • •		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZAYAS, DALIA 4648 SW 74 AVE MIAMI, FL 33155				\$ \$\frac{1}{2} \frac{1}{2} \frac{1}{		·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE			
NAME SIREET ADDRESS CITY-ST-ZIP					1	,			
TITLE	1		1						

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:

NAME STREET ADDRESS CITY-ST-ZIP

REPURE AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

04.28.08

305-4421010

Daytime Phone #