2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # F10212 PRPORATION.	•		Feb 17, 2006 08:00 AM Secretary of State
Principal Place of Business 985 LUDLAM DR MIAMI SPG FL 33166 US		Mailing Address 985 LUDLAM DR MIAMI SPG FL 33166 US		
2. Principal Place of Business		3. Mailing Address		7 300 (100)
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	<u> </u>	1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent
985	RNANDEZ, PEDRO LUDLAM DR MI FL 33166		Name Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
After	Signalure, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55 k Payable to Florida Departme	0.00	TE Registered Agent signature require	g. Election Campaign Financing \$5.00 May E: Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS HERNANDEZ, PEDRO 985 LUDLAM DR MIAMI FL 33166	☐ Defele	THLE NAME STREET AODRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	Title HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add® U00000437638 02/28/06-80048-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Desease	TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	BILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Artillia
TITLE NAME STREET ADDRESS CITY-ST-EP		☐ Delate	Title NAME SIGGET ADDRESS CITY-S1-ZIP	☐ Change ☐ Artelic
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deficie	sitle name street address csty-st-11p	☐ Change ☐ Addilio
indicated at the co	Lentify that the information supplied on this report or supplemental reproportion or the receiver or trustered, or on an attachniant with an expension of the stack of the supplementation of the receiver or trustered, or on an attachniant with an expension of the supplementation of the supplementat	port is true and accurate and that a empowered to execute this rep	t my signature shall have the ort as required by Chapter	ned in Section 119, Florida Statutes, I turther certify that the information is same legal effect as if made under path; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED

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2/11/06