

2007 FOR PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90012 029 ***158.75
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STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 801 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131-2913	Mailing Address 801 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131-2913
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2327185	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARPIA, NAUSHAD 801 BRICKELL AVENUE, SUITE 2400 MIAMI, FL 33131-2913	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	SVFC GONZALEZ, CHRISTINE M 7695 SW 143 STREET MIAMI, FL 33158 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Parpia, Naushad 2322 S.W. 23 Terrace Miami, FL 33145 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCT COLLAZO, JR., MANUEL E. 8533 S.W. 5TH STREET, #205 PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT Collazo, Jr. Manuel E. 1918 N.W. 171 Avenue Pembroke Pines, FL 33028 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ALVARADO, NELSON 9215 S.W. 71 AVENUE MIAMI, FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Alvarado, Nelson 9960 S.W. 60 Court Miami, FL 33156 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Safie, Alejandro 9500 S.W. 120 Street Miami, FL 33186 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: 2/23/07 (707) 649-8800