## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUI 1. Entity Nam OLIAN, IN							. <b>ry 01 St</b> 90046 038 ***150	
Principal Place of Business Mailing Address			Ь		1			
1 <del>2199 SW 132ND COURT</del> MIAMI, FL 33186 US		12195 SW 132ND COURT MIAMI, FL 33186 US						
0.001110	N	To Markey Address		·····				
· ·	lace of Business - No P.O. Box #  SW 132th Street	3. Mailing Address "same"					I BLUK BIBN BIBN BIBN DIBN BI	LINEST II IDSI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe	or	A	pplied For	
Miami, Fl		Zip Country			59-237	4202		ot Applicable
Zip 33186	Country Zip Cou		Count	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	Registered Agent	
ALENTADO, ANTONIO F				RICARDO A. DEL CUETO				
12310 SW 96TH STREET MIAMI, FL 33186				Street Address (P.O. Box Number is Not Acceptable) 12300 SW 96th Street				
IVIIAIVII, FL	33 100							
				City <b>Miami</b>			FL Zip Coc	le 9.6
8. The above named entity submiss his statement for the purpose of changing its registered of					ered agent, or bot	h, in the State of Flo		
the obligat	rions of registered agents	> Ricardo A	۵ ۵	el Cueto V	UD	-	1/15/2008	
SIGNATURE	phature, Typed or printed wome of registered agent			Agent signature require		· · · · · · · · · · · · · · · · · · ·	DATE	<del></del>
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contr			i.00 May Be ded to Fees			
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE NAME	DELCUETO, LILIANA	Dolete		i			☐ Change	Addition
STREET ADDRESS	1			ET ADDRESS				:
CITY-ST-ZIP	\		TITLE	-ST-ZiP	····		☐ Change	☐ Addition
NAME	DELCUETO, RICARDO	Delete	NAM				CT Change	Addition
STREET ADDRESS CITY-ST-ZIP	12300 SW 96TH ST MIAMI, FL 33186			ET ADDRESS -ST-ZIP				
TITLE	T	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	ALENTADO, CONCHITA N		NAME					_
STREET ADDRESS CITY-ST-ZIP			•	ET ADDRESS - \$T - ZIP				
TITLE	S	☐ Delete	TITLE	:			☐ Change	Addition
NAME STREET ADDRESS			NAME STRE	E Et address				
CITY-ST-ZIP	MIAMI, FL 33186		1	- ST - ZIP				
TITLE		☐ Delete	TITLE	l l			☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	et adoress				
			CITY-	-ST-ZIP				
CITY-ST-ZIP			_					
TITLE		☐ Delete	TITLE	l l			☐ Change	☐ Addition
		☐ Delete	NAM	l l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information, supplied with		NAME STREE CITY	E Et address -St-Zip				

12. Thereby 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 artifices, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLIANA A. DEL CUETO PRESIDENT

<u>!/15/08 (305)233-91</u>16

Daytime Phone #