

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90182 037 \*\*\*150.00

60037064



05012006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-2923500

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ACCOUNTING SERVICES OF ORLANDO INC  
1005 W OAKRIDGE ROAD  
ORLANDO, FL 32809

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN	
STREET ADDRESS	4932 BRIGHTMOUR CR	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONCALVES, JOSE MIGUEL	
STREET ADDRESS	14013 ISLAMORADA DR.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUERRA, JOSE	
STREET ADDRESS	14208 ISLA MORADA DR	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABREU, JOSE	
STREET ADDRESS	1319 FLORIDA MALL AVE	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, JOSE	
STREET ADDRESS	14208 ISLA MORADA DR.	
CITY-ST-ZIP	ORLANDO FL. 32837	
TITLE	J.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, JOSE	
STREET ADDRESS	1319 Florida Mall Ave	
CITY-ST-ZIP	ORLANDO FL. 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jose Guerra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-28-06

Date

Daytime Phone #

402-244-4635