2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2006 08:00 AM Secretary of State

DOCUMENT # K97840 1. Entity Name					200100001	5 × 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	BUREAU OF INVESTIGATIO					
Principal Plac	e of Business	Mailing Address				
399 SW 79T MIAMI, FL 3		399 SW 79TH AVE MIAMI, FL 33144 US				
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Г	-	IN THIS SOA	^E	01182006	No Chg-P CR2E0	34 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For 65-0160454 Not Applied		
	' - 4 - 27 - 74			5. Certificate of	of Status Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	T	·····		
	EZ, RICHARD			- DO	NOT WRITE	-
399 SW 79TH AVE MIAMI, FL 33144			IN THIS SPACE			
				. 114. 1	ייטא וט טווי	•
	named entity submits this statement for lions of registered agent.	the purpose of changing its register	red office or register	ed agent, or both	i, in the State of Florida. I am I	amiliar with, and accept
SIGNATURE.	Manha hara initial and alternative	dille a martino bis	ad Soonlatonature con tad	Lucken salastation	DATE	
	Signature, typed or printed name of registered egent an	a unid u abbucana. (secre: eradinter	ed Agent signature required	When reinstating)	DAIE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees		
10. TITLE	OFFICERS AND D	RECTORS				
NAME	RODRIGUEZ, RICHARD				7. N. 4 -	
STREET ADDRESS CITY-ST-ZIP	399 SW 79TH AVE					•
TITLE NAME					HIDODONADOR)q
STREET ADDRESS					U0000840882 02/02/06-80019	9-017 150.00
TITLE						
NAME STREET ADDRESS				e je je		
City-ST-ZIP				DO	NOT WRITE	-
TITLE NAME	,			IN 7	THIS SPACE	}
STREET ADDRESS						. }
CITY-ST-ZIP					1	· .
NAME	;				America Commission	
CITY-ST-ZIP				* • • • •	-	{
TITLE NAME					and the second s	
STREET ADDRESS	:					
12. I hereby	certify that the information supplied with t	his liting does not quality for the ex	kemptions contained	in Chapter 119	, Florida Statutes. I further cert	ify that the information
indicated of the cor changed	certify that the information supplied with to this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address we	tue and accurate and that my signi- vered to execute this report as required to execute this report as required to the filter empowered.	ature shall have the lired by Chapter 607	same legal effec 7, Florida Statute	t as if made under oath; that I is s, and that my name appears in	am an officer or director a Black 10 or Black 11 if
	INV.			- 1	18/06 305-	261-8066