## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat		
1. Entity Nam	MENT # M00716  DE ENERAL INTERNATIONAL, CORP.				or curry or stu	
Principal Place 2424 NW 46 MIAMI, FL 3			  - 	10/H <b>11</b> /H 1111/ 20/H 0/H 11/H	11 840H BIBIN BIBIN BIBIN BIBIN BIR IN 1880	
			01082007		CR2E034 (11/05)	
	OO NOT WRITE IN THIS SP	ACE	4. FEI Number 59-241	7850	Applied For Not Applicable	
	6, Name and Address of Current Registered Agent		5. Certificate	of Status Desired	Fee Required	
782 NW L 548 MIAMI, FL	Z & MARCELO-ROBAINA, P.A. EJEUNE ROAD  . 33126  e named entity submits this statement for the purpose of changing its regitions of registered agent.	gistered office or register	IN T	NOT WR	CE	
SIGNATURE		gistered Agent a gnitture required	d when reinstating)		DATE	
Fil After M	E NOW!!! FEE IS \$150.00 9. Election Campaign Trust Fund Contribu		.00 May Be led to Fees	0000005: 01/19/07-8:	31235 0014-019 150.00	
10.	OFFICERS AND DIRECTORS		- B - 1	1.33		
NAME STREET ADDRESS CITY-ST-ZIP	DP HERNANDEZ, LUIS A 2424 NW 46 ST MIAMI, FL 33142					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HERNANDEZ, JUSTO A 2424 NW 46 ST MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, ERNESTO M 2424 NW 46 ST MIAMI, FL 33142		DO	NOT WE	NTE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FALLA, GREGORIO 2424 NW 46 ST MIAMI, FL 33142		IN .	THIS SPA	(CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE					LANGER LINES DE LA	

12. I hereby certify that the information supplied with this filling 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 addless, with all other like empowered.

SIGNATURE: .

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2007

305638-5161