2007 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Mar 01, 2007 08:00			
1. Entity Nan	MENT # M14161 Y CHIOCCA, CPA, P.A.				S	Secreta	ry of State	
1 SE THIRD 10TH FLOOR	Principal Place of Business 1 SE THIRD AVENUE 1 SE THRID AVENUE 10TH FLOOR 10TH FLOOR MIAMI, FL 33131 US MIAMI, FL 33131 US			; 			AUNI 02/00 fi 102/	
C	OO NOT WRITE I	CE	01042007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applied Fee Required					
CHIOCCA 1 SE 3RD 10TH FLO MIAMI, FL	OR	DO NOT WRITE IN THIS SPACE						
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 bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE							ar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				.00 May Be led to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	OFFICERS AND DIRE DP CHIOCCA, G. JERRY 1 SE THIRD AVENUE 10TH FLOOR MIAMI, FL	CTORS		_	000000 03/12/07- NOT WI THIS SP	RITE	3 150.00	
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME				114		AUL		

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

Designative And Typed Or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Designative August 119.

Designative August 120.

Designative August

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP