
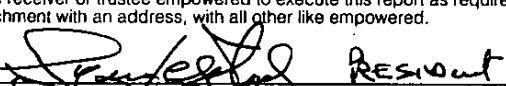


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M66056 1. Entity Name TIME ENTERPRISES, INC.						<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">06 MAR -1 AM 11:30</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2500 S.W. 107TH AVE., STE #5 MIAMI, FL 33165				Mailing Address 2500 S.W. 107TH AVE., STE #5 MIAMI, FL 33165			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2081173				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ESQUENAZI, JULIO 2500 S.W. 107TH AVENUE STE 5 MIAMI, FL 33165				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, ALFREDO		NAME				
STREET ADDRESS	2500 S.W. 107TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GUTIERREZ, LUIS E.		NAME				
STREET ADDRESS	2500 S.W. 107TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUTIERREZ, ROBAYO		NAME	CARLOS ALBERTO GUTIERREZ			
STREET ADDRESS	2500 S.W. 107TH AVE.		STREET ADDRESS	2500 SW 107th Ave. #5			
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	MIAMI, FLORIDA 33165			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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:  RESIDENT				Date: 4/12/06 Daytime Phone #: 305-216-3016			