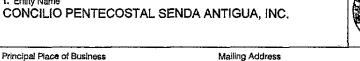
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000006871

1. Entity Name



FILED Jan 12, 2006 08:00 AM Secretary of State



an. 5 2006 813-558-8918

DO NOT WRITE IN THIS SPACE

903/906 OTTO VILLA PL #3

TAMPA, FL 33612

01042006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 55-0801390

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

BURGOS, OLGA 903 OTTO VILLA PL #15 TAMPA, FL 33612

SIGNATURE: =

903/906 OTTO VILLA PL #3

TAMPA, FL 33612

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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: Q17- 5 2006							
Signature, typelofor printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution,	ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGOS, OLGA 903/906 OTTO VILLA PL #3 TAMPA, FL 33612						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGOS, LEONIDES 1504 TILSEN DR TAMPA, FL 33612				1900 <u>00</u> 0 117/12/06-	383421 -80052-016 61.	25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGOS, DIXON 1504 TILSEN DR TAMPA, FL 33612			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.							