2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N13451



FILED Apr 10, 2007 8:00 am Secretary of State

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City & State City & State Country City & Coun						-	iling Address	3 W. GYPSUM DR.	- 482
City State Country Sever	1	CR2E037 (12/06)	⁷ Chg-NP C	01092007 C	m DR.	YPSO	823 W.G	ERLY HILLS FL 4	BEVE
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONFORTE, ALEJANDRO 4823 W. GYPSUM DR BEVERLY HILLS, FL 34465 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 territies with, the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE Check payable to Florida Department of S SIRET ADDRESS SIRET A	Applied For Not Applicabl	 -			FL	KLS	ity & State VERLY H	· /	City & Stat
MONFORTE, ALEJANDRO 4823 W. GYPSUM DR BEVERLY HILLS, FL 34465 City FL Zip Cod Added to Fees Florida Department of S Added to Fees Florida Department of S Added to Fees Florida Department of S City-Si-Zip FRESIORESS City-Si-Zip City-Si-Zi		Fee Required	<u></u>		s.A.	Cou	465-2808	5-2808 U.S.A. 30	Zip 3446
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod City FL Zip Cod City FL Zip Cod City FL Zip Cod R. 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, the obligations of registered agent. Signature Filling Fee is \$61.25 Due by May 1, 2007 Pilling Fee is \$61		istered Agent	nd Address of New Regis	7. Name and Ad	Name		ed Agent		MONEOD
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, the obligations of registered agent. SIGNATURE Suprature, typed or proved name of registered agent and the flackstake			nber is Not Acceptable)	P.O. Box Number is	Street Address (SYPSUM DR	4823 W. G
SIGNATURE Signature Signa	de	FL Zip Code			City				
Signature, typed of printed agent and the if appaceable (NOTE: Regnamed Agent signature required when nemetating) DATE	n, and accep	ta. I am familiar with, a	both, in the State of Florida	red agent, or both, in	d office or register	registere	oose of changing its	named entity submits this statement for the putions of registered agent.	8. The above the obligation
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TITLE NAME NAME NAME NAME NAME NAME NAME NAM				\$5.00 May Be Added to Fees				•	1
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Addition	,.			1-ZIP	NAME STREE CITY-			name Street adoress Caty-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 initial indicated on this report or supplemental eport in the end accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver of trustee employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with adaptives, with all other like empowered. SIGNATURE: LUIS MICHAELS PRESIDENT					厂	DEN	S PRESI	URE: LUIS MICHAE	