2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N15817



FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90430 024 ****61.25

Size Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$9.75 Additional Fee Req	4444 S.W. 7 MIAMI, FL 3 2. Principal F Suite, Apt. City & Stat	1 AVENUE 13155 Place of Business #, etc.	MADDUX & CO 7250 SW 39 TERR MIAMI, FL 33155			· 📆		
Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Rame Name Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FILE C	Suite, Apt.	#, etc.			╼╾┥			
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Size South Status Statu		·	i .	Suite, Apt. #, etc.		NP CR2E037	(11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENA, JESUS 4444 SW 71 AVE #102 MIAMI, FL 33155 City City FL Zip Code City FL Zip Code City FL Zip Code City FL City	Zip			City & State				olied For Applicable
PENA, JESUS 4444 SW 71 AVE #102 MIAMI, FL 33155 City FL Zip Code		Country	Zip	Country	5. Certificate of Status			
PENA, JESUS 4444 SW 71 AVE #102 MIAMI, FL 33155 City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Ag	ent	
#102 MIAMI, FL 33155 City FL Zip Code	DENIA IEI	SI IS		Name				
MIAMI, FL 33155 8. The above named entity stiphnits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature Signature, hipsels or printed name of registered agent and sile it applicable. (NOTE: Registered Agent stiphnature required when reinstation) DATE	4444 SW			Street Address		Acceptable)	•	
8. The above named entity sightilist this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature, typeb or printed name of registered agent and size if applicable. (NOTE: Registered Agent stophature required when reinstating) DATE		. 33155						
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Signature, type or printed name of registered agent and table it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	the obliga	tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the	State of Florida. I am fa	miliar with, a	and accept
Due by May 1, 2006		Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signature requ	uired when reinstating)	DATE		
TITLE		-	II.				-	
NAME	10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES 1	O OFFICERS AND DIRE	CTORS IN	10
NAME RODRIGUEZ, LUIS NAME STREET ADDRESS 4444 S.W. 71ST AVE, #112 CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE SD Delete TITLE PARDINAS, CARLOS NAME STREET ADDRESS STREET ADDRESS 4444 SW 71ST AVE #111 STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE Delete Delete TITLE Change A	NAME STREET ADDRESS	PENA, JESUS 4444 SW 71ST ST #102	☐ Delete	NAME Street address			Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 onth; that I am an officer or direction.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PARDINAS, CARLOS 4444 SW 71ST AVE #111	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				Addition

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 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.

GNATURE:

305-665-3553

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR