2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL KEPUKI (AK)				_ Feb 1	Feb 15, 2007 8:00 am		
DOCUMENT # N9400003454				Secretary of State			
COMANI	DO F - 4, INC.			02-15	5-2007 90051 019 ****61.2:	5	
Principal Plac	ce of Business	Mailing Address					
1412 W FL	AGLER ST	1412 W FLAGLER ST					
MIAMI FL 33135 MI		SUITE A MIAMI FL 33135 US	MÎAMÎ FL 33135 US				
	Place of Business - No P.O. Box # W. FLagler St # 212	3. Mailing Address 1412 W. F Suite, Apt. #, etc.	Lagler St.				
Suite A		Buite A	Buite A		1st MOORE CR2E037 (10/06)		
City & Sta	· - /	City & State Migmi F	=/_	4. FEI Number	2542245	oplied For ot Applicable	
<u>Miav</u> 3313	Country	Zip 33135	Country	5. Certificate of State	\$9.75 Add	ditional	
	6. Name and Address of Current			7. Name and Addres	ss of New Registered Agent		
		4	Name Room	660 FROM	neta		
FOMETA, RODALFO 1412 W. FLAGLER ST. mistake on the Street Address (P.O. Box Number 1412 W. FLAGLER ST.							
STE. A MIAMI.FL 33125				e A	- <u> </u>		
			City Mia	m i	FL Zip Cod	3 5	
	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or both, in the	e State of Florida. I am familiar with,	and accept	
					11.1.		
SIGNATURE	Signature, typed of the name of registered again	artitle if applicable. (NOTE	; Registered Agent signature requi	red when repretation)	2/6/07		
· · · · · · · · · · · · · · · · · · ·			npaign Financing contribution.	\$5.00 May Be Added to Fees	Make Check Payable Florida Department of S		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	l 10	
TITLE NAME	DIAZ, TERESA M	☐ Defete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS	9682 FOUNTAINBLEU BLVD		STREET AUDRESS				
CITY - ST- ZIP	MIAMI FL 33172		CITY-ST-ZIP				
THTLE NAME	D MARTINEZ, GUILLERMO	☐ Delete	Trtli. Name.		☐ Change	☐ Addition	
STREET ADDRESS	2039 NW 18 ST		STREET ADORLSS				
CITY-ST-ZIP	MIAMI FL 33125		CITY-SI-ZIP				
TITUE NAME	D PODOLEO	☐ Delete	TITLE NAME		☐ Change	Addition	
STREET ADDRESS	FROMETA, RODOLFO 161 NW 67 CT.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP				
TITLE NAME		☐ Delele	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CtTY-ST-ZIP	·,		CJTY-SI-ZfP				
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY+SI-ZIP				
TITLE		☐ Delele	THILE		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY+SI-ZIP				
indicated of the co	certify that the information supplied with don this report or supplemental report is rporation or the receiver or trustee emped, or on an attachment with an addres	true and accurate and that movered to execute this report	ny signature shall have th t as required by Chapter	ie same legal effect as if n	nade under oath: that I am an officer	or director I	

FILED

2/6/07 305.642.7790 Daytine Phone #