2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000260

INC.

MINISTERIO DE ENSENANZA LA PALABRA REVELADA,

FILED May 04, 2007 8:00 am Secretary of State

05-04-2007 90083 003 ****61.25

						- COO #								
Principal Place of Business 3550 W 84TH ST HIALEAH, FL 33018			Mailing Address 3550 W 84TH ST HIALEAH, FL 33018						05432			RIJ e e j (ee j		
Principal Place of Business - No P.O. Box # 3. Mailing Address														
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04122007	Chg-NP	CR2E0	37 (12/06)			
City & State			City & State					4. FEI Numbe			<u> </u>	pplied For		
Zip Country				Zip Cour				5. Certificate of Status Desired See Required				litional		
	6. Name a	nd Address of Current F	l Renistero	tered Agent				7. Name and Address of New Registered Agent						
	0	NO ANDICOS OF CONTENT	(ogibicity	o rigonit		Name								
GARCIA-BARBON, VICTORIO SR. 3550 W 84TH ST HIALEAH, FL 33018					Street Address (P.O. Box Number is Not Acceptable)									
:					City	₽ Zip C					e			
						<u> </u>				FL	- (
8. The above the obligat	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE														
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Find Trust Fund Contribution								\$5.00 May B		Make chec lorida Depa	k payable to			
10.		OFFICERS AND DIR	ECTORS	_	11.			ADDITIONS/CHA	ANGES TO OFFI	CERS AND D	RECTORS IN	10		
TITLE	PD			☐ Delete	TITLE					OLITO AITO DI	Change			
NAME	GARCIA-BARBON, VICTORIO SR.			L Desete	NAM						Change	☐ Addition		
STREET ADDRESS	·						, ¬	1546	0 /36		1 1			
CITY-ST-ZIP				STRE					SW. 48	tn 5	Treet			
CITT-SI-ZIP	MIRAMAR,	FL			CHY	-ST-ZIP	N\1	<u>iramar</u>	1-1	3303	9			
TITLE	V			Delete	TITLE	E					Change	Addition		
NAME	ROLANDO, MORALES R			NAM			}							
STREET ADDRESS	10211 SW F	FLAGER TERR	STR			ET ADDRESS						ł		
CITY-ST-ZIP	MIAMI, FL	33174			CITY	-ST-ZIP								
ILLE	S			☐ Delete	TITLE	<u> </u>		<u>_</u> _			☐ Change	☐ Addition		
NAME	DURAN, MI	RIAM			NAM	E								
STREET ADDRESS	799 PALM /	AVENUE			STRE	ET ADDRESS								
CITY-ST-ZIP	HIALEAH, F	FL 33011			CITY	- ST-ZIP								
TITLE	VD			☐ Delete	TITLI						Change	Addition		
NAME	'-	ARBON, CARMEN B		rm neiere	NAM						⊡ Change	☐ Addition		
STREET ADDRESS		173RD TERR				ET ADDRESS	176	546 SW	211911	ctro	01-			
CITY-ST-ZIP	MIRAMAR,					-ST-ZIP	NA.	ramar	- 10 TN	220	56			
TITLE	TD	· ·		☐ Delete			17/1	<u> ianai</u>	, , ,	330		□ Natables		
NAME	DURAN, SI	LVIO		□ Delete	TITLE						☐ Change	☐ Addition		
STREET ADDRESS	799 PALM				NAM									
CITY-ST-ZIP	HIALEAH, F					ET ADDRESS -ST-ZIP								
					+-									
TITLE	D			☐ Delete	TITL						☐ Change	☐ Addition		
NAME	ALBG, SER				NAM									
STREET ADDRESS	1151 SW 14					ET ADDRESS								
CITY-ST-ZIP	MIAMI, FL	33184		_	CITY	-ST-ZIP								
								_				1		

12. I hereby certify that the information supplied with this lifting 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 frustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 505-7083