2007 FOR PROFIT CORPORATION

DOCUMENT # P00000007930 1. Forty there of SALE, INC. 2007 APR 12 PM 3: 04 2007 APR 12 PM 3: 04 SECRETARY OF STATE 14002 SM 31SI SIRET 15002 SM 31SI SIRET 15003 SM	ANNUAL REPORT		
ALLAMASSEE FLORIDA MRAMAR R. 33027 US 14002 SW 31ST SIREET MRAMAR R. 33027 US DO NOT WRITE IN THIS SPACE 14. FE INATIZED 15. Certificate of Status Desired 16. Manne and Address of Gurrent Registered Agent 16. Manne and Address of Gurrent Registered Agent 17. Experience of Status Desired 18. The above named entity subgraphs patement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent or subgraphs agent manner for the purpose of changing its registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent of the changing its registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent of the changing its registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the obligation of registered agent, or both, in the State of Fords. 1 am familiar with, and accept the purpose of the state of the state of Fords. 1 am familiar with, and accept the purpose of the state of Fords. 1 am familiar with, and accept the familiar with accept the famil	1. Entity Name		
DO NOT WRITE IN THIS SPACE 4. FEI Namber NOT APPLICABLE 1. Applied For NOT APPLICABLE 5. Conflicted of Status Dealerd 6. Name and Address of Current Registered Agent HERRERA, ALEJANDRO J 900 N. STATE ROAD 7 HOLLWOOD, FL 33021 DO NOT WRITE IN THIS SPACE 6. The above ramed entity subgriff its jetiment for the purpose of changing its registered office or registered agent, or both, in the Statu of Florids. I am familiar with, and accept the obligators of registering agent master of registered agent or to both, in the Statu of Florids. I am familiar with, and accept the obligators of registering agent master of registered agent or to other, in the Statu of Florids. I am familiar with, and accept the obligators of registering agent master of registered agent ag	14002 SW 31ST STREET 14002 SW 31ST STREET	TALLAHASSEE FLORIDA	
HERRERA, ALEJANDRO J 900 N. STATE ROAD 7 HOLLYWOOD, FL 33021 8. The above named entity subgriefs this patientent 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 range in registered upon and to 8 supclants. SIGNATU Speaks, inpedif cereate may a required upon and to 8 supclants. OCTE. Registered Aport squature required agent and to 8 supclants. OCTE. Registered Aport squature required agent and to 8 supclants. OCTE. Registered Aport squature required agent and to 8 supclants. OCTE. Registered Aport squature required agent and to 8 supclants. OCTE. Registered Aport squature required agent and to 8 supclants. OCTE. Registered Aport squature required agent and to 8 supclants. OCTE. Registered Aport squature required agent and may be added to Faces. 10. OFFICIERS AND DIRECTORS HERRERA, ALEJANDRO SIRET ANDROS OTH-51-77 HOLLYWOOD, FL 33021 ITHE NAME SIRET ANDROS OTH-51-77 HOLLYWOOD, FL 33027 ITHE NAME SIRET ANDROS		04102007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For NOT APPLICABLE Not Applicable 5. Certificate of Status Desired \$8.75 Additional	
Signature FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PVTS MAKE HERRERA, ALEJANDRO 90. N. STATE RD 7 HOLLTYWOOD, FL. 33021 TITLE NAME VILLALONA, ORLANDO 10. VILLALONA, ORLANDO 10	HERRERA, ALEJANDRO J 900 N. STATE ROAD 7		
After May 1, 2007 Fee will be \$350.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVTS	signature agent Willer ton -		
ITILE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE	FILE HOWIN FEE IS \$ 150.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ITILE NAME STREET ADDRESS CITY-ST-ZIP 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 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 607, 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.	ITTLE PVTS HAME HERRERA, ALEJANDRO STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 ITTLE NAME VILLALONA, ORLANDO 14002 SW 31ST STREET MIRAMAR, FL 33027 ITTLE NAME	400097567494 04/19/0701032005 **150.00	
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 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 607, 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.	CITY-ST-ZIP TITLE NAME STREET ADDRESS		
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SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR Date Dayrine Prone #			