## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2006 08:00 AM

Principal Place of Business  4090 INVERRARY DRIVE LAUDERHILL, FL 33319  DO NOT WRITE IN THIS SPACE  Applied  St. 75 Additions Fee Required  5. Certificate of Status Desired  \$8.75 Additions Fee Required  \$8.75 Additions Fee Required  \$8.75 Additions Fee Required	
DO NOT WRITE IN THIS SPACE  O3122006 No Chg-P CR2E034 (11/05)  Applied 65-0997342  Sertificate of Status Desired  AUDERHILL, FL 33319  O3122006 No Chg-P CR2E034 (11/05)  Applied 65-0997342  Sertificate of Status Desired	
DO NOT WRITE IN THIS SPACE  03122008 No Chg-P CR2E034 (11/05)  4. FEI Number 65-0997342 Not Applied 65-0997342 Serial Colors of Status Colored Colors (11/05)  5. Certificate of Status Colored Colore	P. 11 (##)
65-0997342 Not App	led For
	Applicable
Name and Address of Current Registered Agent	
ALVARENGA, CASSIOS C 4090 INVERRARY DRIVE LAUDERHILL, FL 33319  IN THIS SPACE	* * *
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 the obligations of registered agent.	nd accept
SIGNATURE	<u>·</u>
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS  TITLE P NAME ALVARENGA, CASSIOS STREET AUDRESS 4090 INVERRARY DR CITY-ST-2P LAUDERHILL, FL 33319	
TITLE NAME STREET ADDRESS CITY-ST-ZEP  U00000560498  U55/18/06-80042-009 150.0	.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE	
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TITLE NAME SITEET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-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 Information this 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 did the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block and or an attachment with an address, with all other like empowered.	ormation r director flock 11 if
SIGNATURE:  CASSI OS ALVA RENGR, PRESIDENT 3/12/04 (954) 347-15  SIGNATURE AND DEPENDENT ON DEPUTE PROPERTY.	