FILED May 01, 2006 08 Secretary of \$

2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nan	MENT # P000005432	7					
1		alling Agaress		Ì			
304 PALERI CORAL GABI		804 PALERMO AVENUE CORAL GABLES, FL 33134					
	,	,	i, <u>ī</u>	 			
			<u> </u>				
				04242006	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE II	CE	4. FEI Numbe		Applied For	٦	
				65-1018		Not Applicable	ē
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered Agent					7
TRESSE,		}	DO	NOT WI	RITE		
304 PALERMO AVENUE CORAL GABLES, FL 33134			IN THIS SPACE				
				114 1	1110 017	MOL	
5 The shows	named entity submits this statement for the p	y roose of changing its registers	of office or register	and anget or hoti	n in the State of Flori	for Lore to allow with and a second	_
	tions of registered agent.	imbosa or cranding its reflizions	an outca or radiates	eo affeut' ou poti	u' iu (ua 2190a ni Lidu)	oa. I am ramwar wan, and accep	1
SIGNATURE.	Signature, "yped or brinled name of registered agent and talle	f took tale /NOTE Benstown	Agent signature required			DATE	
	and the state of t		<u> </u>			5742	-
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				00 May Be ed to Fees		· ·	
10.	OFFICERS AND DIRECT	CTORS .]					7
NAME	TRESSE, ALAIN						
STREET ADORESS CITY ST ZIP	304 PALERMO AVE CORAL GABLES, FL 33134						
TREE		·					
NAME STREET ADDRESS		į	}		U000	00546636 6-80126-019 150	100
CITY-ST-ZZP					05/11/0	15U-8015P-013 12U	יוטן.
name Name			İ				
STREET ADDRESS				DΩ	NOT WE	SITE	
TITLE			IN THIS SPACE				
name			İ	IIV I	113 3P	HUE	
SINLET ADDRESS CITY-ST-ZIP		. •					
TITLE			ì				1
NAME Sireet adoress							}
C(14-81-2P			1				
`* <u>I</u> ⊾							
STACE ADDRESS							
12. 1 hereby o	penily that the information supplied with this fi on this report or supplemental report is true a	ing does not qualify for the exe	mptions contained	in Chapter 119.	Florida Statutes. I fu	rther certify that the information	1.
Distances	on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	i to exocute uns report as requir	ure shall have the s ed by Chapter 607.	ame legal effect Florida Statutes	as il made under cat and that my name a	h, that I am an officer or director ippears in Block 10 or Block 11 if	
	1 Hto	7 /	_				
SIGNAT	335. 11/11/1/	ALAIN	TRES	oe l	Juil 15, 1	00 <i>C</i>	
0.0,,,,,	JUNE: JUNE AND THE OF PRINTED	NAME OF SIGNING OFFICER OR DIRECTO	OR		Dece	Daylor e Prione «	1