FILED Apr 25, 2007 8:00 am Secretary of State

ANNUAL REPORT	PORATION	CORP	FiŢ	PRO	FOR	2007
ANNUAL REPURT	R T	REPOR	AL	NNU.	A	

Address of Duniness Mindle Address Suits APL 4, etc. Suits APL 4, etc. Suits APL 4, etc. City 5 State City 5 State City 5 State City 5 State City 6 State City 6 State City 6 State City 6 State City 7 Top Country	1. Entity Name	MENT # P00000059	715				04-25-2007	90167 002 ***15	0.00	
3100 MM 72MD AVE, UNIT 101 MAMI, FL 33122 1. Principal Piace of Business - No PiO Box # 3. Mailing Address Suite, API, #, etc. Suit	Principal Place	of Business	Mailing Address			300				
Silto, April P. REC. Silto, April P. REC. Silto	3100 NW 72ND AVE, UNIT 101 3100 NW 72ND AVE, UNIT 101									
City & Sales City & Sales City & Sales City & Sales Country A political for the School of the S	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Solution	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04162007	Chg-P	CR2E034 (12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7.	City & State	3	City & State						<u> </u>	
Name	Zip			Coun	try	5. Certificate	of Status Desired			
Street Address (P.O. Rox Number is Not Acceptable) Street Address (P.O. Rox Number is Not Acceptable) City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligations of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligation of registered agent, or both, in the State of Riorida. I smilliar with, and accept the obligation of the Riorida. I smilliar with, and accept the purpose of changing from the registered agent, or both in the State of Riorida. I smilliar with, and acceptate agent		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent		
The above named entity submits this statement for the purpose of changing its registured office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	3100 NW 7	2ND AVE, UNIT 101	(26)		*****	P.O. Box Numbe	r is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. Signature, hood or perced name of registered agent and the 4 agentable. CNOTE Registered Agent sometimes required expert and the 4 agentable. CNOTE Registered Agent sometimes required expert and tended agent and the 4 agentable. CNOTE Registered Agent sometimes required expert and tended agent					City		1	FL Zip Cod	8	
### PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Prust Frunction Campeign Financing S5.00 May 8 Added to Fees S1.00 May 1, 2007 Fee will be \$550.00 Prust Frund Contribution. PD			r the purpose of changing its	registere	ed office or register	red agent, or bot	h, in the State of Flo	rida. I am familiar with,	and accept	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE_	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE	: Registere	d Agent signature required	I when reinstating)		DATE		
ITILE NAME LOPEZ, EDUARDO J Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD Delete ITILE NAME LOPEZ, EVA M NAME LOPEZ, EVA M Delete ITILE NAME NAME LOPEZ, EVA M LOPEZ, EVA M NAME LOPEZ, EVA M LOPEZ,										
ITILE NAME LOPEZ, EDUARDO J Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD Delete ITILE NAME LOPEZ, EVA M NAME LOPEZ, EVA M Delete ITILE NAME NAME LOPEZ, EVA M LOPEZ, EVA M NAME LOPEZ, EVA M LOPEZ,	10.	OFFICERS AND	 DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
NAME LOPEZ, EDUARDO J NAME SIRRET ADDRESS SIRRET										
CITY-SI-ZIP MIAMI, FL 33122 Delete ITILE STD CITY-SI-ZIP MIAMI, FL 33122 Delete TITLE STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33122 Delete TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAM	NAME	LOPEZ, EDUARDO J		NAM	E					
NAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP MIME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADD	-									
STREET ADDRESS CITY-ST-2IP MIAMI, FL 33122 CITY-ST-2IP MIAMI, FL 33122 CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITL			☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP MILE Delete TITLE NAME		•								
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CIT				CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST			☐ Delete		_ /			Change	Addition	
ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST									Ì	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete 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			CITY	-ST-ZIP					
SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE ST			☐ Delete					☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 1 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.					,					
NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE 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 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.					ī				ĺ	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 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.	TITLE		☐ Delete	1	ì			Change	☐ Addition	
CITY-ST-ZIP IITLE NAME 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 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.										
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.										
STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 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.		<u> </u>	Delete		l			☐ Change	Addition	
CITY-ST-ZIP 12. Thereby 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 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.										
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.					1					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	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.									
	SIGNATURE: SIGNATURE SIGNATURE OF SIGNAL OF SI								-6414	