		DO7 FOR PROF ANNUAL R MENT # P000001021	EPORT (AR			FILED Mar 07, 2007 08:00 AM	
	1. Entity Name						
Sulle, Apil, #, etc.     Sulle, Apil, #, etc.     1st MOORE     CR2E034 (10:06)       City & State     City & State     City & State     4. FEI Number     65-1068492     Mon Applicable       Zip     Country     2.0     Country     4. Cell state of Solution Desired     Stat 75 Anderson       Zip     Country     2.0     Country     4. Cell state of Solution Desired     Stat 75 Anderson       Width, Apil, #, etc.     1.0     Name     State Address of Nover Registered Agent     7. Name and Address of Current Registered Agent     International State Solution       UCARTE, MKGDALLA 12250 SW 129 CT     Strond Address (P.O. Box Number is NoLAcceptable)     Strond Address (P.O. Box Number is NoLAcceptable)       MAMI FL 33186     Strond Address (P.O. Box Number is NoLAcceptable)     Mameericable     Coll Country       Strond Address (P.O. Box Number is NoLAcceptable)     Mameericable     Coll Country     FL       Strond Address (P.O. Box Number is NoLAcceptable)     Mameericable     Coll Country     FL       Strond Address (P.O. Box Number is NoLAcceptable)     Mameericable     Coll Country     FL       Strond Address (P.O. Box Number is NoLAcceptable)     Mameericable     Coll Country     Coll Country       Strond Address (P.O. Will FEI ES Sto DO     Number is NoLAcceptable)     Number is NoLAcceptable     Strond Number is NoLAcceptable       10     Count	12250 SW 129 CT P O BOX 441645			<u></u>	4		
City & State     City & State     City & State     City & State     Applied For (Not Applicable       Zp     Country     Zp     Country     State     Applied For (Not Applicable       Zp     Country     Zp     Country     State     State       6. Name and Address of Current Registered Agent     .     Name     State     State       UGARTE, MIGDALLS     Main     .     Name     State     State       UGARTE, MIGDAL     Country     .     State     State     State       MAMI FL 33186     .     .     State     State     State     State       SIGNATURE     .     State     .     Name     State     State       SIGNATURE     .     State     .     State     State     State       .     .     .     .     State     .     State     State       .     .     .     .     .     State     .     State       .     .     .     .     .     .     .     .       .     .     .     .     .     .     .     .       .     .     .     .     .     .     .     .       .     .     .     .	2. Principal Place of Business - No P.O. Box # 3. Mailing Addre						
Zip         Country         Zip         Country         Section         Sectio	Suite, Apt.	Suite, Apt. #, etc.	uite, Apt. #, etc.		1st MOORE CR2E034 (10/06)		
Zp         Country         Zp         Country         s. Confideation of Status Desired         F8. 75 Austeenable F8. 75 Austeenable F	City & Sta	te	City & State				
S. Name and Address of New Registered Agent UCARTE, MICDALIA 12250 SW 129 CT MIAMI FL 33186      City     FL     City     FL     Zic Code      Strock Address (P.O. Box Numbor is Not Acceptable)     City     FL     Zic Code      Strock Address (P.O. Box Numbor is Not Acceptable)     City     FL     Zic Code      Strock Address (P.O. Box Numbor is Not Acceptable)     City     FL     Zic Code      Strock Address (P.O. Box Numbor is Not Acceptable)     City     FL     Zic Code      Strock Address (P.O. Box Numbor is Not Acceptable)     City     FL     Strock Address (P.O. Box Numbor is Not Acceptable)     Strock Address     Strock Address     Strock Address	Zip Country		Zip Country		otry	5 Certificate of Status Desired S8.75 Additional	
UGARTE, MIGDALIA 12250 SW 129 CT MIAMI FL 33186         Stront Address (P.C. Box Number is Not Acceptable)         City         City <td< td=""><td></td><td>6. Name and Address of Current</td><td>t Registered Agent</td><td></td><td></td><td></td></td<>		6. Name and Address of Current	t Registered Agent				
Sirol Address (P.O. Box Number is Not Acceptance)         Sirol Address (P.O. Box Number is Not Acceptance)         City         City <t< td=""><td colspan="3" rowspan="2">12250 SW 129 CT</td><td></td><td></td><td colspan="2"></td></t<>	12250 SW 129 CT						
					Stroet Address (F	P.O. Box Number is Not Acceptable)	
In obligations of registored agent.   SIGNATURE Sequence, speed or strings name of registored agent and when when when when when when when when							
Depresent present arree of argument agent and their reduction     (MCTE: Regressed agent argument agent and their reduction)     Date       FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will B \$550.00 Make Check Payable to Florida Department of State     9. Elocition Campaign Financong Trust Fund Contribution     \$5.00 May Bo Added to Feese       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       111.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       111.     NAME     UGARTE, MIGDALIA     Belle     IIII'     III'       NAME     UGARTE, MIGDALIA     Delle     IIII'     III'     Addition       NAME     STRET ADDRESS     03/15/07-800116-006     15.0, 00     III'       NAME     Delle     III'     III'     Addition       NAME     Delle     III'     III'     III'       NAME     STRET ADDRESS     03/15/07-800116-006     15.0, 00       III'     Delle     III'     III'     III'       NAME     STRET ADDRESS     III'     III'     III'       NAME     STRET ADDRESS     III'     III'     III'       NAME     STRET ADDRESS     III''     III''     III''       NAME     STRET ADDRESS     III'''     III''''''''''''''''''	the obligat	tions of registored agent.	or the purpose of changing its	registere		ed agent, or both, in the State of Pionoa. Tam familiar with, and accept	
After May 1, 2007 Fee Will Be \$550.00       Make Oheck Payable to Florida Department of State         Make Oheck Payable to Florida Department of State       International Complexity of Complex	SIGNATURE		and tille it applicable. (NOTE	Registere	d Agent signature required	when reinstating) DATE	
IHE       PET       Delete       ITT       ITT       Change       Addition         NMM       UGARTE, MIGDALIA       NMM       Strict ADDRss       CITY-SI-7P       Change       Addition         NITE       UGARTE, MIGDALIA       Strict ADDRss       CITY-SI-7P       CITY-SI-7P       CITY-SI-7P       Addition         NITE       Delete       HILE       Change       Addition         NMM       Intell       Control Strict ADDRss       CITY-SI-7P       CITY-SI-7P       CITY-SI-7P         NMM       Intell       Delete       HILE       Change       Addition         NMM       Intell ADDRS       CITY-SI-7P       CITY-SI-7P       CITY-SI-7P       CITY-SI-7P         NMM       Delete       HILE       Change       Addition         NMM       Delete       HILE       Change       Addition         NMM       SIRET ADDRSS       CITY-SI-7P       CITY-SI-7P       CITY-SI-7P         HITE       Delete       HILE       Change       Addition         NMM       SIRET ADDRSS       CITY-SI-7P       CITY-SI-7P       CITY-SI-7P         HITE       Delete       HILE       Change       Addition         NMM       SIRET ADDRSS <td< th=""><th>After</th><th>May 1, 2007 Fee Will Be \$550.00</th><th></th><th></th><th></th><th></th></td<>	After	May 1, 2007 Fee Will Be \$550.00					
Inst.       UGARTE, MIGDALIA       Imm       Imm </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
NME     SIREE ADDRESS     1/000006579005       CITY-S1-2P     CITY-S1-2P     03/15/07-80016-006 150,00       IIILE     Delete     IITLE       NAME     IITLE     CITY-S1-2P       CITY-S1-2P     CITY-S1-2P     CITY-S1-2P       IIILE     Delete     IITLE       NAME     SIRET ADDRESS     CITY-S1-2P       CITY-S1-2P     CITY-S1-2P     CITY-S1-2P       IIILE     Delete     IITLE       NAME     SIRET ADDRESS     CITY-S1-2P       IIITLE     Delete     IIILE       NAME     SIRET ADDRESS     CITY-S1-2P       IIITLE     NAME     SIRET ADDRESS       CITY-S1-2P     CITY-S1-2P     CITY-S1-2P       IIITLE     NAME     SIRET ADDRESS       CITY-S1-	NAME STREET ADDRESS	UGARTE, MIGDALIA 750 FLAGAMI BLVD.		nami stri	e I.T adorlss	Li Change Li Addition	
IIILE       Delete       IIILE       Change       Addition         NAME       SIREET ADDRESS       SIREET ADDRESS       CITY SI ZIP       CITY SI ZIP         IIILE       Delete       III.E       Change       Addition         NAME       Delete       III.E       Change       Addition         NAME       SIREET ADDRESS       CITY SI ZIP       Change       Addition         NAME       Delete       III.E       Change       Addition         NAME       SIREET ADDRESS       CITY SI ZIP       CITY SI ZIP       CITY SI ZIP         III.E       Delete       III.E       CITY SI ZIP       CITY SI ZIP         III.E       Delete       III.E       CITY SI ZIP       CITY SI ZIP         III.E       Delete       III.E       CHY SI ZIP       CITY SI ZIP         III.E       Delete       III.E       Change       Addition         NAME       SIREET ADDRESS       CITY SI ZIP       CITY SI ZIP       CITY SI ZIP         III.E       Delete       III.E       Change       Addition         NAME       SIREET ADDRESS       CITY SI ZIP       CITY SI ZIP       CITY SI ZIP         III.E       Delete       IIII.E       Change       A	NAME STREET ADDRESS		🗔 Delele	NAME STREE	e Et address		
NAME       SIREE I ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITILE       Delete         NAME       SIREET ADDRESS         CITY-ST-ZIP       Change         ITILE       Delete         NAME       SIREET ADDRESS         CITY-ST-ZIP       Change         ITILE       Delete         NAME       SIREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITHE       Delete         ITHE       SIREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITHE       Delete         ITHE       Delete         ITHE       Change         Addition         NAME       SIREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITHE       Delete         ITHE       Change         Addition       NAME         SIREET ADDRESS       CITY-ST-ZIP         ITHE       Delete       ITHE         ITHE       Delete       ITHE         Ithe coby certify that the information supplied with this filing does not qualify for the examptions contained in Soction 119, Florida Statutes. I further cortify that the information indicated on this roport or supplemontai roport is true and accurate and that my signature s	THLE NAME STREET ADDRESS		Delete	TITLE NAME STREE	ET ADDRESS		
NAME       NAME         SINEET ADDRESS       STREET ADDRESS         CITY-SI-ZIP       CITY-SI-ZIP         INTE       Delele         INTE       Delele         INTE       Delele         SIREET ADDRESS       CITY-SI-ZIP         INTE       Delele         INTE       Delele         SIREET ADDRESS       CITY-SI-ZIP         INTE       Delele         SIREET ADDRESS       CITY-SI-ZIP         Interview       SIREET ADDRESS         CITY-SI-ZIP       CITY-SI-ZIP         Interview       SIREET ADDRESS         CITY-SI-ZIP       SIREET ADDRESS         CITY-SI-ZIP       CITY-SI-ZIP         Interview       SIREET ADDRESS         CITY-SI-ZIP       CITY	NAME STREET ADDRESS		Delele	NAME STREE	ET ADORESS	Change Addition	
NAME:       SIREELADDRESS         SIREELADDRESS       CITY-SI-ZIP         12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119, Florida Statutes. I further cortify that the information indicated on this roport or supplemental roport 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 trustoe 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		Delete	NAME STREE	T ADDRESS	Change 🗌 Addition	
indicated on this roport or supplemental roport 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 trustoe ompowered 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 eddress, with all other like empowered.	NAME STREET ADDRESS		Delete	NAME STREE	TADDRESS	Change Addution	
SIGNATURE:	indicated of the cor if changed	on this report or supplemental report is poration or the receiver or trustee emp d. or on an attachment with an addres	true and accurate and that m	y signate as requi	ure shall have the s	ame legal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 10 or Block 11	