## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 06, 2006 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT				_	Socrator	y of State
DOCU	MENT # P0100000844	10		}	Secretar	y of State
1. Entity Nar						•
	(1)	÷				
Principal Plan	ce of Business	Aailing Address		1		
5067 120TH AVE NORTH 5067 120TH AVE NORTH ROYAL PALM BEACH, FL 33411			11			
KUTHE CHE	M DERWII, (E. 3341)	NOTIFE FIREW DENVIT, IE 334	11	 	(U) 36831 UB311 BB131 UB33 BU137 BU	INC TOTAL AND IN MINER MERITANT OF LAND
the commence of the commence o						
				01242006 No Chg-P CR2E034 (11/05)		
	O NOT WRITE I	N THIS SPA	CE			Applied For
				65-1072337 Not Applicable		
	· · · · · · · · · · · · · · · · · · ·			5. Certificate of	Status Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent				
MARTINEZ, HERIBERTO 5067 120TH AVE NORTH ROYAL PALM BEACH, FL 33411				DO N	NOT WRIT	ΓE
			-		HIS SPAC	
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8 The show	named entity submits this statement for the	ouroge of changing its societor	ad affice or register	rind as toons ha	in the State of Florida 1	em familiar with and accent
	tions of registered agent.	harbose or enanging its reflicier	ea cilica di register	en affeiur at nour	FILING GROWN OF THE STATE OF TH	are racental terri, and decop-
SIGNATURE.	Signature, typed or printed name of registered egent and title	a if applicable (NOTE, Registre)	d Agent signature required	when reinstating?	DAT	TE
		T				
After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS				
NAME	MARTINEZ, HERIBERTO			•		
CITY-ST-ZIP	FOYAL PALM BEACH, FL 33411	:				
TITLE	V MADTINET MADIA			;	02/16/06-8003	190 14-015 150 00
STREET ADDRESS	MARTINEZ, MARIA 5067 120TH AVE N	,				. 013 10800
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	,			and an order	
NAME		3				
STREET ADORESS CITY-ST-ZIP			,- 7. 1111 <u>111</u> 2. 14 <u>1</u>	DO N	NOT WRIT	ΓĘ
TITLE			1.	IN T	HIS SPAC	E
NAME STREET ADDRESS				~~ ~ ~ ·		
CITY-ST-ZIP		;				
NAME				· ·		
STREET ADDRESS CITY-ST-ZIP			· <u></u>			
INTE			1			
NAME STREET ADDRESS			A 40 44 40 1111	•	, <u>.</u>	<u>.</u>
CHY-ST-ZIP			<u>L</u>			
12. I hereby of indicated	peritly that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowere or or on an attachment, with an address, with a	Ming does not qualify for the extend accurate and that my signal and to execute this repeat as constitutions.	emptions contained ture shall have the s red by Chapter 807	in Chapter 119, Fi ame legal effect at Florida Statutee s	lorida Statutes, I further of it made under oath; that and that my name arms?	certify that the information t I am an officer or director tain Block 10 or Block 11 if
changed	or on an attachment with an address, with a	if other like empowered.	ch cuahtet on.	, I WHILE SIGNIFIES, E	ne net my neme choes	TO ALL DISTORT TO A STOCK TO IT