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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # 7010000 30130 06 MAY 22 AM 10: 30 PARRILLA LIBERTY, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 40074986 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 04-06 1925 Liberty Ave 1925 liberly Suite, Apt . etc Suite, Apt. F. ctc. City & State City & State 4. FEI Number Hiami Beach, FL Hiámi Beach. FL 65-1103472 Not Applicable 331<u>39</u> \$8.75 Additional Country 5. Certificate of Status Desired **USA** 33139 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Delkino DO NOT WRITE IN THIS SPACE 1925 Liberty Ave ^{Zip} 533139 Hicimi Beach 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. SIGNATURE DATE Signeure, typed or proted name of regestrand agent and tale it applicable. (NOTE: Registrant Agent signification required ween removing) FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State 10. OFFICERS AND DIRECTORS President TITLE CR2E037B (12/01 HALE Neston Perkino NAME: 1925 Liberly Ave Micami Beach, FL 33139 Vice President STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP RTLE TITLE NAME nestor Delfino Ir STREET ADDRESS STREET ADDRESS 1907 liberty Ave #2 Histori Beach. FL 33139 CHY-SI-7P CITY ST 20 ITTLE TITLE NAME NAME STREET ADDRESS SHREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY ST ZIP TITLE DDF IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CHY-ST-7P Idif NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tm.e me HAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther 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 of the receiver or trustee empowered to cycluse this report as required by Chapter 617. Florida Statutes: and that my name appears in Block 10 or on an attachment with an address, with all other like/empowered.

TURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

10074986 # 1000030130

PARRILLA LIBERTY

1925 LIBERTY AVE MAIMI BEACH, FL 33139

Miami, April 25, 2006

Department of State Division of Corporations Tallahassee, FL 32314

RE: P01000030130

To Whom It May Concern:

Currently, my corporation is encountering a problem and would need the help of this Department to solve it. The problem arises upon never having received the 2004 UBR (Uniform Business Report) and because of this, the corporation was penalized.

This petition is prepared given that the corporation has recently opened and handles very little activity. Thus, not allowing the corporation to be capable of paying such a large amount of money. An amount deemed unnecessary and unjust.

If in case the REINSTATEMENT is accepted, I would like to thank for understanding the situation presented and we promise to make this be the last time such a problem occurs.

Sincerely

NESTOR DELEINO

RESIDENT