## FILED Mar 29, 2006 8:00 am Secretary of State

2006	FOR PROFIT CORPORATIO	N
	ANNUAL REPORT	

1. Entity Nam	MENT # P01000040 ade, INC.	271				03-29-2006	5 90114 020	) ***15	8.75
Principal Plac 7515 N.W. 8 MIAMI, FL 33	TH STREET	Mailing Address 6801 NW 77 AVE SUITE #102 MIAMI, FL 33166			*		11 <b>- 1111</b>   <b>1111</b>   <b>1111</b>		<b>11</b> 1 15 1 <b>00</b> 1
2. Principal P	lace of Business	3. Mailing Address	フフみく	(i)					
Suite, Apt.	E # 209	SUITE #	209.		03222006	Chg-P	CR2E034		· · · · · ·
MTA1	i FL.	City & State	FL.		4. FEI Numb 65-109				plied For Applicable
3316	Country	<sup>zip</sup> 33166	Country		5. Certificate	of Status Desired		.75 Add Required	
	6. Name and Address of Current	Registered Agent	Name	<u> </u>	7. Name and	Address of New F	$\overline{}$	int (ON	
	., JOSE RAMON OR INN DRIVE		Street A	ddress (	P.O. Box Numb	er is Not Acceptable		(UN	
	PRINGS, FL 33071		63	81	LAND	NOS	TEIZI	2AC	Ē
			City	┰╁┡	JARA	C.	FL	Zip Code	3332
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office o	r register	ed agent, or bo	oth, in the State of Fl	orida. I am fam	iliar with,	and accept
SIGNATURE	1//1/1/h. Jo	SE P. HERRE	TZA . \	JD.		03	124/0	06	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	legistered Agent signat	ture required	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		<b>\$5.</b> Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS Delete	11.	I	ADDITIONS	CHANGES TO OFF		RECTORS  Change	IN 11
NAME	RIBEIRO, HENRIQUE	L Delete	NAME				_	J 0.12.190	
STREET ADDRESS CITY-ST-ZIP	6801 NW 77 AVE SUITE #102 MIAMI, FL 33166		STREET ADDRESS CITY-ST-ZIP						
TITLE NAME	VD HERRERA, JOSE R	☐ Delete	TITLE NAME	HE T	ZRERA.	1052 Z.	•	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	945 HARBOR INN DRIVE CORAL SPRINGS, FL 33071		STREET ADDRESS CITY-ST-ZIP	638	I LANK	NGS TER	DACE.		)
TITLE	CORAL SPRINGS, PL 33071	☐ Delete	TITLE	In	THEAL	, PC. 55:		Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	ļ				1 Change	Addition
TITLE NAME		☐ Delete	TITLE NAME				L	] Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST+ZIP						
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STREET ADDRESS			STREET ADORESS CITY-ST-ZIP						
CITY-ST-ZIP TITLE		☐ Delete	TITLE					] Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			0. 53-24- 00-00	1 6 mb m =	shas (! ' -	formati
12. I hereby indicated of the col	certify that the information supplied with ton this report or supplemental report is poration or the receiver or trustee emp , or on an attachment with a redottest	this filing does not quality for true and accurate and that my ered to execute this report as	tne exemptions or r signature shall h s required by Ch	contained have the apter 607	a in Chapter 11 same legal effe 7, Florida Statut	e, Florida Statutes. ct as if made under es; and that my nan	oath; that I am e appears in B	inai the in an officer lock 10 or	or director Block 11 if
	1//////	with all other like empowered.	H=nn.	-17 <i>1</i>	1 02/	שלוטפ	20 <i>E</i> 2	1160	72.18
SIGNAT	URE: SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER OF	RORECTOR	-107-	+ U)	Pate 5	ハン・ン Daytr	フノ me Phone・	1070