2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 08:00 AN Secretary of State

ANNUAL REPORT				_	171ay 01, 2000 00.0
DOCUMENT # P01000045696]	Secretary of Sta
	OMP & COMM, CORP.			:	
Principal Plac	ce of Business	Mailing Address	1	1	
		14335 SW 112 TERRACE		-	
MIAMI, FL 3	3186	MIAMI, FL 33186			
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	6. Name and Address of Current Re	gistered Agent			
DURAN, ROSARIO DO NOT WOITE					
14335 SW 112 TERRACE				טע	NOT WRITE
MIAMI, FL 33186				IN .	THIS SPACE
			,		
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. I am familiar with, and accept the obligations of registered agent.					
trous Nosa Rosacio Nosas-Duesn 4/20/03					
SIGNATURE Signature, typed or printed name of registered agent and bitle of applicable (NOTE Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.				.00 May Be ed to Fees	U00000941081
10.	OFFICERS AND DIF	RECTORS	 .		, <u>navgavna annav nia 120°(4</u>)
TITLE	PD DURAN, JOSE				·
STREET ADDRESS	14335 SW 112 TERRACE				
CITY-ST-ZIP	MIAMI, FL 33186		<u>.</u>		
TITLE	VD		1		
NAME STREET ADDRESS	DURAN, ROSARIO 14335 SW 112 TERRACE				
CITY-ST-ZIP	MIAMI, FL 33186		.		
TITLE				·	and the contract of the contra
NAME STREET ADDRESS					
CITY-ST-ZIP				DO	NOT WRITE
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NAME STREET ADDRESS					
CITY-ST-ZIP					· ,
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP					1 - %
TITLE					

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.

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SIGNATURE: Down Und

NAME STREET ADDRESS

BIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/20/08

786-385-7740

Daytime Phone #