

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90427 018 \*\*\*150.00

| <b>DOCUMENT # P01000048381</b>   |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|--|----------------------|---|--|--|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|--|---|------|----------------------|--|------|--|--|----------------|-------------------|--|----------------|--|--|-----------------|--------------------|--|-----------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|--|--|--|--|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-----------------|--|--|-----------------|--|--|
| <b>1. Entity Name</b><br>WORLDWIDE FINANCIAL GROUP MANAGEMENT, CORP.   |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>Principal Place of Business</b><br>1978 NE 149TH ST.<br>N. MIAMI, FL 33181  |                      |   | <b>Mailing Address</b><br>1978 NE 149TH ST.<br>N. MIAMI, FL 33181  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>2. Principal Place of Business</b><br>SAME  |                      | <b>3. Mailing Address</b><br>SAME   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| City & State   |                      | City & State  |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| Zip  | Country              | Zip   | Country  | 01052006    Chg-P    CR2E034 (11/05)                   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>4. FEI Number</b><br>65-1106971   |                      |   |  | Applied For<br><input type="checkbox"/> Not Applicable |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |                      |   |  | <b>\$8.75 Additional Fee Required</b>                  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>LAZZARI, LAURA A<br>1978 NE 149TH ST.<br>N. MIAMI, FL 33181  |                      |   | <b>7. Name and Address of New Registered Agent</b><br>* Name <u>Schiumerini</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>1978 NE 149 Street</u><br><u>N Miami</u><br>City <u>N Miami</u> FL    Zip Code <u>33181</u> |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>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.</b>   |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE: <u>Joan C Schiumerini</u> DATE: <u>4-19-06</u><br><small>* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when contesting)</small>  |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |                      | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">PVST</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">SCHIUIMERINI, JUAN C</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1978 NE 149TH ST.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">N. MIAMI, FL 33181</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="6" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> |                      |   |  |  |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PVST | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | SCHIUIMERINI, JUAN C |  | NAME |  |  | STREET ADDRESS | 1978 NE 149TH ST. |  | STREET ADDRESS |  |  | CITY - ST - ZIP | N. MIAMI, FL 33181 |  | CITY - ST - ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |  |  |  |  |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | CITY - ST - ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                      |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  | PVST                 | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   | SCHIUIMERINI, JUAN C |   | NAME   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   | 1978 NE 149TH ST.    |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  | N. MIAMI, FL 33181   |   | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|  |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                      |   | NAME   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|  |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                      |   | NAME   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|  |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                      |   | NAME   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
|  |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| TITLE  |                      | <input type="checkbox"/> Delete   | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| NAME   |                      |   | NAME   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| STREET ADDRESS   |                      |   | STREET ADDRESS   |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| CITY - ST - ZIP  |                      |   | CITY - ST - ZIP  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| <b>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.</b>  |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |
| SIGNATURE: <u>Joan C Schiumerini</u> DATE: <u>4-19-06</u> Daytime Phone #: <u>(305) 9477778</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                      |   |  |  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                      |  |      |  |  |                |                   |  |                |  |  |                 |                    |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |  |  |  |  |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |                 |  |  |                 |  |  |