## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2006 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Nam	MENT #P01000533	70			Secr	ctary or	State	
1666 KENNE STE 305	ne of Business EDY CAUSEWAY H, FL 33141	Mailing Address 1666 Kennedy Causeway STE 305 MIAMI BEACH, FL 33141						
	A NOT WRITE	IN THIS SDA	CE	01162006		CR2E034 (11	105)	
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1				31-18		- \$R 7	Not Applicable  Additional	
[	A supplied to the state of the	The second secon	Endough E	5. Certificat	e of Status Desired	Fee Re		
	6. Name and Address of Current Re	gistered Agent	1		The same of the sa	* ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
THE LAW OFFICES OF CRAIG M. DORNE 407 LINCOLN ROAD PHSE MIAMI BEACH, FL 33139				DO	NOT W	RITE	, ,24	
MIANII BE	AON, FL 33139			IN	THIS SF	PACE		
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.								
SIGNATURE Signature, typed or princed name of registered agent and title if epolicable. (NOTE: Registared			ed Acent skonsture o	equired when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  S. Election Campaign Finant Trust Fund Contribution.			incing _	\$5,00 May Be Added to Fees				
18.	OFFICERS AND DI	RECTORS				0487172		
TITLE NAME STREET ADDRESS	CICERONE, LOU 1666 KENNEDY CUASEWAY #302		44 مند الله الله الله الله الله الله الله الل			-20067-00	5 150.00	
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12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trustee ampoweded 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.

SIGNATURE: \_\_\_\_

TALLE

STREET ADDRESS

EIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/00

3051 445-416

Daytime Phone #