2007 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 09, 2007 8:00 am Secretary of State		
1. Entity Name	MENT # P01000058	333		Secretary of State 04-09-2007 90079 050 ***150.00		
Principal Place 777 BRICKEL STE 1070 MIAMI FL 32 2. Principal Pl	LAVE	Mailing Address 777 BRICKELL AVE STE 1078 MIAML FL \$3131 3. Milling Address				
		<u>36/0 \A0,</u> Suite, Apt. #, etc. 7/6	ITUDO	<u>みかん</u> 04062007 Chg-P CR2E034 (12/06)		
City & State		City & State ADENTORA	t, FL	4. FEI Number Applied For 02-0616089 Not Applicable		
Zip 33/	80 Country 5	33180	Country 5	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MONTELLO, LOUIS 777 BRICKELL AVE STE 1070 MIAMI, FL 33131				Name Name Street Address (P.O. Box Number is Not Acceptable)		
B. The above samed entity submits this statement for the purpose of changing its re-			City	City FL Zip Code egistered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept		
FiLi After Ma	Signature. typed or printed name of registered agent a E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	gn Financing ibution.			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I D CALVO, JOSE M 777 BRICKELL AVE STE 1070 MIMMI FL 23131	DIRECTORS	11. TIFLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Change Addition CALVO, TOSE M. 3610 YACHT CLUB DR APT. 7/6 A VENTORA, FL 33/80.05.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CALVO, JESUS 777/BRICKELL /VVZ STE 1070 MAMM, FZ 3313	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	DPTS Change Addition DALVO, JESJS 3610 YACHT CLUB DR APT. 716 AUENTORA, FL 33180. 36.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change C Addition		
TITLE NAME STREET AD DRESS CITY - ST - ZIP		🗋 Delete	TITLE NAME STREET ADDRESS City-St-Zip	Change Addition		
TITLE NAME STREET ADDRESS CITY - ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TIYLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby c indicated of the corr changed, SIGNAT	on this report or supplemental report is poration or the receiver or trysteerempt or on an attachment with all address, w	this filing does not qualify for true and accurate and that m wered to execute this report a tith all other like empowered.	ny signature shall h as required by Cha	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if		