2006 FOR PROFIT CORPORATION

FILED 2006 08:00 AM

ANNUAL REPORT		Secretary of State		
56			Secreta	ry or State
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	CE	05022008 4. FEI Number 65-11176	No Chg-P	CR2E034 (11/05) Applied For Not Applicab \$8.75 Additional Fee Required
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tte if applicable. (NOTE Register) 8. Election Campaign Fina	ed Agent signatura required	when reinstitling?	n accordance wit	th s. 607.193(2)(b), F.S., the ot receive the prior notice.
ECTORS		-	05/20/08 NOT WI	
	Malling Address P.O. BOX 653051 MIAMI, FL 33265 IN THIS SPA platered Agent a purpose of changing its register the if applicative. (NOTE: Programs 9. Efection Campaign Fina	Malling Address P.O. BOX 653051 MIAMI, FL 33265 IN THIS SPACE Platered Agent It of applicable. (MOTE Registered Agent signature required 8. Election Campaign Financing Trust Fund Contribution. Addi	Malling Address P.O. BOX 653051 MIAMI, FL 33265 IN THIS SPACE 05022006 4. FEI Number 65-11176 5. Certificate of IN TI IN TI IN TI IN TI IN THE SPACE 18 of approach. (MOTE Registered Affect signature required when reinstating) Trust Fund Contribution. 1. Election Campaign Financing Trust Fund Contribution. DO N Added to Fees	Secreta Secreta Secreta Secreta Malling Address P.O. BOX 653051 MIAMI, FL 33265 IN THIS SPACE G5022006 No Chg-P 4. FEI Number 65-1117641 5. Certificate of Status Desired DO NOT WE IN THIS SPACE Purpose of changing its registered office or registered agent, or both, in the State of Floridate of Spanish (ACC) Red & appricable. Red & appricable. Red & purpose of changing its registered office or registered agent, or both, in the State of Floridate of Spanish (ACC) Red & appricable. Red & purpose of changing its registered office or registered agent, or both, in the State of Floridate of Spanish (ACC) Red & appricable. Red & appricable. Red & purpose of changing its registered office or registered agent, or both, in the State of Floridate of Spanish (ACC) Red & appricable. Red & appric

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 fixe empowered.

SIGNATURE:

Museum House of Storing Process

Data

Description

STREET ADDRESS CITY-ST-ZIP