, 2006

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILI Apr 24, 200 Secretary 04-24-2006 90361)6 of	8:00 an State	n
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. FEI Number 5-1128493		Applied For Not Applicable	
. Certificate of Status Desired	-	75 Additional Required	
arne and Address of Current Register			
e, Gerardo D. Box Number is Not Acceptable) Hibiscus St.			
FL	• 3	p Code 3332	
stered agent, or both, in the State of Flori		m familiar with,	
signature required when reinstating)			
Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
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Allrela	ations, Inc.					
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		-		60029737		
	lace of Business	3. Mailing Address				
1626 N . Suite, Apt.	.W. 143rd Way #, etc.	1626 N.W. Suite, Apt. #, etc.	143rd Way	DO NOT WRITE IN THIS SPACE		
City & State		City & State	inos EI	4. FEI Number	Applied For	
Zip	Ke Pines, FL Country	Pembroke P	ines, FL Country	65-1128493	Not Applicable Additional	
33028	USA	33028	USA	5. Certificate of Status Desired Fee Rec		
	DO NOT WRITE IN T	HIS SPACE		7. Name and Address of Current Registered Agent		
			Name   Villat	Tane, Gerardo		
			Street Addre	s (P.O. Box Number is Not Acceptable)		
			19148	N. Hibiscus St.		
-					į	
	÷.		City Westor	r FL Zip C	ode 332	
			ging its registered office	or registered agent, or both, in the State of Florida. I am f	amiliar with,	
and accept	t the obligations of registered agent	i.				
SIGNATURE	÷					
	Signature, typed or printed name of regin	stered agent and title if applica	ble. (NOTE: Registere	d Agent signature required when reinstating) DATE	:	
Jan	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		ble. (NOTE: Registere	9. Election Campaign Financing	\$5.00 May Be Added to Fees	
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954-430-2224 SIGNATURE: Stefanie Yepes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 on an attachment with an address, with all other like empowered.