## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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1. Entity Nam	# P0100092 TIONAL, INC.				ral.	OG FIN SOME 13 ANASSEE, FI	ED AM 8.				
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Principal Plac		S	Mailing Address		•			οςε ' <sub>1</sub> -	3700	y	
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PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 3									V/1/17		
							,		74		
Principal Place of Business     3. Mailing Address											
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Suite, Apt, #, etc.			Suite, Apt. #, etc.								
							02032006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Number			I (A	antiad Ear	
City & State			Only & Grate		Ì						
7									ot Applicable		
Zip	Zip Country		Zip Cour		try	5. Cr		Status Desired		1.75 Ad	
									Fee Required		
***	6. Name	and Address of Current	Registered Agent		<u> </u>		7. Name and A	ddress of New Re	gistered Age	nt	
					Name						
					Street Ad	idress (F	P.O. Box Number i	is Not Acceptable)			
,											
					Civi						
					City				FL	Zip Coc	le
8 The above	named entit	v submits this statement fo	or the purpose of changing its	o rocintor	ad office or	ra miat s v	ad agant as bath	in the Ctate of Flori	1	iffice and the	
	tions of regist		in the purpose of changing in	s iadisteii	ed office of	register	ed agent, or both,	in the state of Fion	ca. Tamiam	illar with	, and accept
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SIGNATURE.											
OIG/VATORIES	Signature, typed	or printed name of registered agent.	and tale if applicable (NO	TE Registere	d Agent signatur	e required	when reinstating)		DATE		
			9. Election Campa	eion Einar	cina	¢ E	00				
Ans	ended Af	R is \$61.25	Trust Fund Con	-		<b>⊅</b> J.	00 May Be ed to Fees				
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10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/CF	HANGES TO OFFIC	EDS AND DE	PECTOR	IS IN 11
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NAME	D Delete PEREZ, NELSON					D,P,	\$S⊙		L	Change	XXAddition
					£	Ado1	lfo Gomez				
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NAME	PEREZ, A	NURA D		MAM	ε			**	_		
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CITY-ST-ZiP	PEMBROKE PINES, FL 33028				-ST-ZIP	641	Sand Cree	ek Circle			
0111 31-2B			- 51-2F	West	ion, FL	33327					
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NAME	GOMEZ, I	MAM	E						İ		
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CITY-ST-ZIP	PEMBRO	KE PINES, FL 33024		aty	-ST-ZIP		02/17	/0601014	002	**51.	.25
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12. I hereby	certify that the	e information supplied with	this filing does not qualify f	or the exe	emptions co	ntained	in Chanter 110 P	lorida Statutes 1 fr	Irther certify	that the i	nformation
indicated	on this repo	rt or supplemental report is	strue and accurate and that	my signal	ure shall ha	ve the s	ame legal effect a	s if made under oa	th; that I am	an office	or director
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 frustee empowered to execute this report as required by Chapter 907, 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:											
SIGNAL	OKE:_	SIGNATURE AND TYPE	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OP			Date		us Cheen c	
	-	DOMESTION NATIONS OF DESCRIPTION OF THE OWNER	THE THE MANINE OF BUSINESS OFFICE	ON DIRECT	-n			Date	Davim	re Phone #	