
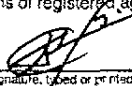
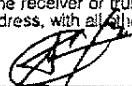


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000105716 <small>1. Entity Name</small>					
<b>DO NOT WRITE IN THIS SPACE</b>					
<small>2. Principal Place of Business</small> 2523 West 72 St			<small>3. Mailing Address</small> 2523 West 72 St		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City &amp; State</small> Hialeah, FL		<small>City &amp; State</small> Hialeah, FL		<small>4. FEI Number</small> 20-1788566	
<small>Zip</small> 33016		<small>Country</small> Miami-Dade		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>				<small>7. Name and Address of Current Registered Agent</small>	
				<small>Name</small> ABASCAL, ANGEL A	
				<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
				2523 West 72 St	
				<small>City</small> Hialeah, <small>FL</small> <small>Zip Code</small> 33016	
<small>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.</small>					
<small>SIGNATURE</small>  <span style="float: right;">4/19/06</span> <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>NOTE: Registered Agent signature required when retreating</small></span> <span style="float: right;"><small>DATE</small></span>					
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>			<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<small>TITLE</small>	ABASCAL, ANGEL A / President	<small>TITLE</small>	U000000527178		
<small>NAME</small>	2523 West 72 St	<small>NAME</small>	05/04/06-80101-021 150.00		
<small>STREET ADDRESS</small>	Hialeah, FL 33016	<small>STREET ADDRESS</small>			
<small>CITY- ST- ZIP</small>		<small>CITY- ST- ZIP</small>			
<small>TITLE</small>		<small>TITLE</small>			
<small>NAME</small>		<small>NAME</small>			
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>			
<small>CITY- ST- ZIP</small>		<small>CITY- ST- ZIP</small>			
<small>TITLE</small>		<small>TITLE</small>			
<small>NAME</small>		<small>NAME</small>			
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>			
<small>CITY- ST- ZIP</small>		<small>CITY- ST- ZIP</small>			
<small>TITLE</small>		<small>TITLE</small>			
<small>NAME</small>		<small>NAME</small>			
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>			
<small>CITY- ST- ZIP</small>		<small>CITY- ST- ZIP</small>			
<b>DO NOT WRITE IN THIS SPACE</b>					
<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</small>					
<b>SIGNATURE:</b>  <span style="float: right;">4/19/06 305 825 9913</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small> <small>Daytime Phone #</small></span>					

CR2E034B (12/02)