2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 08:00 Al Secretary of State

	William Irmi Alfi		, Wiay UZ, ZUUU UO:UU
1. Entity Nar	IMENT # P01000113764 ввв, імс.		Secretary of State
Principal Pla	ce of Business Mailing Address		
18540 NW 48 PLACE 18540 NW 48 PLACE			
MIAMI, FL 33055 MIAMI, FL 33055			
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-	OO NOT WRITE IN THIS SPA	376/374 /	04242006 No Chg-P CR2E034 (11/05)
L	JO NOI WRITE IN THIS SPA	(CE	4. FEI Number Applied For
	The second secon		65-1156438 Not Applicable
		1200 i., 121 124-23	5. Certificate of Status Desired \$8.75 Additional
			Fee Required
	6. Name and Address of Current Registered Agent	- Secretary	ر المراجع الم
RUIZ. MA	A11 171		
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18540 NW 48 PLACE MIAMI, FL 33055			the same and the same of the s
			IN THIS SPACE
			A W WARRANT AND AND A STATE OF A
	1 0 4		
8. The above	e named entity submits this statement for the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered abent.			
SIGNATURE 1/1/106			4/78/06
GIGNATONE.		ered Agent signature required	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS	- American	Company of the second of the s
TITLE	PD		To action to the second
NAME	RUIZ, MANUEL		The state of the s
STREET ADDRESS	18540 NW 48 PLACE	. [A Commission of the Commission
CITY-ST-ZIP	MIAMI, FL 33055		The state of the s
INTE	VPD		
NAME CTOSET + DODGEOG	RUIZ, MIRIAM 18540 NW 48 PLACE		1/00/00/0558646
STREET ADDRESS CITY-ST-ZIP	4		<u>05/17/06-80103-016 150.00</u>
CHITCHEL	MIAMI, FL 33055		Committee property and the committee of
TITLE	SD NORAL CO. MORALA		
NAME STREET ADDRESS	HIDALGO, MORAIMA 18600 NW 48 PLACE	. .	A STATE OF THE PROPERTY OF THE PARTY OF THE
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TITLE	4,44	* 15073 567 00 407	
NAME		•	i
STREET ADDRESS			
CITY-ST-ZIP			na anti-
12. hereby o	certify that the information supplied with this filing does not qualify for the e	xemptions contained	
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 at the congregation of the			
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 eath; that I am an officer or director of the corporation or the received 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 like empowered.			
M. 1/1/2 (1/21/24 - 1/22/22)			
SIGNAT	TURE: / // / / / / / / / / / / / / / /		T/18/00 386-24731/L
SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prone #			