2008 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL R	EPORT			Apr	17, 20	08 08:00 A
1. Entity Nam	MENT # P0100011420	3		Apr 17, 2008 08:00 A Secretary of State			
Principal Plac	ce of Business N	failing Address	.!				
		504 E 9TH ST Hialeah, Fl 33010					
	O NOT WRITE I	N THIS SPA	GE	04112008	No Chg-P	CR2E034 (1	
				4. FEI Numb 73-162			Not Applicable
				5. Certificate	of Status Desired		5 Additional dequired
	6. Name and Address of Current Regi	stered Agent			Santet		
504 E 9TH	, REINALDO 1 ST FL 33010			in the first section in	NOT WI THIS SP	contract to the first	
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and trife	1	id Agent signature required			DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.	.00 May Be				
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, REINALDO 504 E 9TH ST HIALEAH, FL 33010						
NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

SIGNATURE:

SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing opes 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 at other like empowered.

805-1818

Daytime Phone #

FILED