


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000116460 ✓
1. Entity Name
HOLDING CORP.



Principal Place of Business
10420 SW 77TH AVE
MIAMI, FL 33176

Mailing Address
PO BOX 160392
MIAMI, FL 33116

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3950897	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MCCAFFREY, JAMES E
10420 SW 77TH AVE
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

05/04/07-80045-021 150.00
U00000727414

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCAFFREY, JAMES E PO BOX 160392 MIAMI, FL 33116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT MCCAFFREY, JAMES E PO BOX 160392 MIAMI, FL 33116
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 all other like empowered.

SIGNATURE: Jim McCaffrey Jim MCCAFFREY 4/18/07 305-271-1990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #