


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90022 029 ***158.75

DOCUMENT # P01000118397 1. Entity Name AS BUSINESS COMPANY					
Principal Place of Business 21346 SAINT ANDREW BLVD SUITE 156 BOCA RATON, FL 33433			Mailing Address 21346 SAINT ANDREW BLVD SUITE 156 BOCA RATON, FL 33433		
2. Principal Place of Business 20001 BOCA WEST DR. # 3036		3. Mailing Address Suite, Apt. #, etc. # 3036			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 01-0556336	
Zip 33434		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEON, ENRIQUE 21346 SAINT ANDREW BLVD SUITE 156 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name TANIA AUSTER STERN Street Address (P.O. Box Number is Not Acceptable) 20001 BOCA WEST DR. # 3036 City BOCA RATON FL Zip Code 33434	
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 <u><i>Tania Auster Stern</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>01/21/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STERN, MARCOS 21346 SAINT ANDREW BLVD BOCA RATON, FL 33433		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS STERN, TANIA 21346 SAINT ANDREW BLVD BOCA RATON, FL 33433		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Tania Auster Stern</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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