2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # P010001						Section 1	ctai y	UI St	ale
Principal Plac 11428 SW 1 MIAMI, FL 3	O9TH ROAD	Mailing Address 27642 SW 62 CT MIAMI, FL 33132				\$ \$ 80 13 8 21 411 48 2		el liber were cer	18 nemer (#18.c) meg	Barai 18 arai
2. Principal Place of Business		3. Mailing Address			1					
Suite, Apt. II, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			01132008	Chg-P	CR2E03	34 (11/05)	
City & State		City & State				4. FEI Number 30-00071	30		No	opfied For ot Applicable
Zlp			Count	try		5. Certificate of	·		88.75 Add es Require	
Name and Address of Current Registered Agent				Name	}	7. Name and Ad	Idress of New R	logistared A	gent	
NEUBAUER, RICHARD JR 11428 SW 109TH ROAD					ess (F	P.O. Box Number is	Not Acceptable	a)		
MIAMI, FL 33176										
			Ì	City	:		:	FL	Zip Cod	le
	named entity submits this statement	nt for the purpose of changing its	s registere	od office or reg	giştere	ed agent, or both, i	n the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE_					}		<u>:</u>			
	Signature, typed or printed name of registered a	igent and file if applicable. (NOT	TE Registered	Agent signature re	oquired	when reinstating)	- ;	DATE		
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Campa Trust Fund Con		cing 🔲	\$5.1 Adde	00 May Be ed to Fees				
ta.	OFFICERS A	AND DIRECTORS	11.		į.	ADDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11 Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	NEUBAUER, RICHARO JR 27842 SW 162 CT MIAMI, FL 33132	☐ Delete			}		05/03/08)052351 3-80076	5	-
TITLE NAME STREET AUDRESS CITY-ST-ZIP				ET ADDRESS SI-ZIP	1		í		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delota		h			. !		☐ Citange	Addition
TUTLE NAME STREET ADDRESS CITY-ST-JIP		☐ Dolete	1	- 1			!		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defote		T ADDRESS ST-ZIP			2		☐ Change	□ Addillon
TITLE MANIE STREET ADDRESS CITY-ST-ZIP		☐ Celste	CITY-	T ADDRESS ST-ZIP	-			···	Change	☐ Addition
indicated of the corr	ertify that the information supplied on this report or supplemental repo poration or the receiver or trustee e or on an attachment with an addre	ort is true and accurate and that t Impowered to execute this report	my signatt Las require	ura snair dave.	ine sa	ame legal ellect as Florida Statutes, a	ind that my name	appears in	Block 10 of	Black 11 if
SIGNATURE: KILLZENS L MUSAUM 15 aft of 305-519-8									19-87	

NEUBAUER IR