2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: _

FILED Jan 26, 2007 08:00 AM Secretary of State

ANNOAL NEFON I				Secretary of Sta
1. Entity Nan	MENT # P020000321 ENTERPRISES, CORP.	77		
Principal Place 711 NW 23F SUITE 301 MIAMI, FL 3		Mailing Address 711 NW 23RD AVE SUITE 301 MIAMI, FL 33125		- 1 1874 10 1884 1880 1880 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1
C	OO NOT WRITE	IN THIS SPA	CE	01112007 No Chg-P CR2E034 (11/05) 4. FEI Number
	6. Name and Address of Current Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired Fee Required
BATISTA, SEGUNDO 711 NW 23RD SUITE 301 MIAMI, FL 33125				DO NOT WRITE IN THIS SPACE
8. The above named entity subprits 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 Signature, the or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) PATE The NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			☐ Add	00 to Fees U00000605372
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI STD BATISTA, SEGUNDO 14226 SW 154TH STREET MIAMI, FL 33177 PVD LIBERA, LETICIA 14226 SW 154TH STREET MIAMI, FL 33177	RECTORS		377 337 337 337 337 337 337 337 337 337
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			A met	

12. Thereby certify that the information supplied with this filling 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 ig 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.

GNING OFFICER OR DIRECTOR