2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jul 05, 2007 08:00 AM Secretary of State

1. Entity Nam	MENT # P020000593 RES, CORP.	357			Secretary of Sta	
Principal Plac		Mailing Address				
410 NW 36 S MIAMI, FL 33		410 NW 36 ST MIAMI, FL 33127				
1				06262007	No Chg-P CR2E034 (11/05)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		
				04-367	\$8.75 Additional	
	6 Name and Address - 4 C 4 D		T	5. Certificate	e of Status Desired Fee Required	
6. Name and Address of Current Registered Agent						
CESAR RIVERA, JULIO 410 NW 36 ST MIAMI, FL 33127			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						
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution.			ncing \$5	.00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS IIILE DPST						
TITLE NAME	CESAR RIVERS, JULIO					
STREET ADDRESS	410 N.W. 36TH STREET MIAMI, FL 33127				U00000767054 07/05/07-80009-004 558.75	
TITLE	100 min 1 C 30 12 /				U7/U5/07-80009-004 558.75	
NAME STREET ADDRESS			,			
CITY-ST-ZIP						
TITLE NAME					•	
STREET ADDRESS			1 '	DO	NOT WRITE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE			
				IN THIS SPACE		
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS					•	
CHY-ST-ZIP			-			
NAME				,	·	
STREET ADDRESS			1	,	•	

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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR