

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90126 027 ***158.75

20022348



03272006 Chg-P CR2E034 (11/05)

4. FEI Number
48-1263049

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROJAS, ISMAEL
210 S.W. 27 RD.
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ~~VP~~ ☐ Delete
NAME ~~ROJAS, ISMAEL~~
STREET ADDRESS ~~210 S.W. 27 RD.~~
CITY-ST-ZIP ~~MIAMI, FL 33129~~

TITLE ~~VP~~ ☐ Delete
NAME ~~MOSQUERA, JULIA~~
STREET ADDRESS ~~210 S.W. 27 RD.~~
CITY-ST-ZIP ~~MIAMI, FL 33129~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~VP~~ ☒ Change ☐ Addition
NAME ~~MOSQUERA, JULIA~~
STREET ADDRESS ~~210 S.W. 27 RD.~~
CITY-ST-ZIP ~~MIAMI, FL 33129~~

TITLE ~~VP~~ ☒ Change ☐ Addition
NAME ~~ROJAS, ISMAEL~~
STREET ADDRESS ~~210 S.W. 27 RD.~~
CITY-ST-ZIP ~~MIAMI, FL 33129~~

TITLE ☐ Change ☐ Addition
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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: *X Ismael Rojas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/06 (305) 264-0111
Date Daytime Phone #