2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000072924

MANUEL RODRIGUEZ, JR., C.P.A., P.A.



FILED Jan 31, 2007 08:00 AM **Secretary of State**

Principal Place of Business

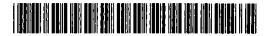
C/O MORRISON, BROWN, ARGIZ & COMPAN 1001 BRICKELL BAY DR 9TH FLOOR

MIAMI, FL 33131

NAMŁ STREET ADDRESS CHY-ST-ZIP

Mailing Address

C/O MORRISON, BROWN, ARGIZ & COMPAN 1001 BRICKELL BAY DR 9TH FLOOR MIAMI, FL 33131



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No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 56-2299892 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD 43RD FLOOR

DO NOT WRITE IN THIS SPACE

MIAMI, PL 33131			IN TIME OF AGE			
	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Significant symbol or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-S1-ZIP	DPS RODRIGUEZ, MANUEL JR 1001 BRICKELL BAY DR 9TH FLOOR MIAMI, FL 33131	1			U00000614216 02/06/07-80016-023 150.00	
THEE NAME STREET ADDRESS CHY-ST-ZIP					52.55.0. 0.0010 GEO 150.00	
DILE NAME. STREEL ADDRESS CHY-ST-ZIP				DO NOT WRITE		
DILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 ampowered to effect the triplemental 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 addiess, with all other like/empowered.

MANNER RODALGUEZ TO 1/27/07 (305) 377-9211

DIRECTOR Date Date Date Date Description SIGNATURE: