2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P0200090816	ANNUAL REPORT					Secretary of State			
Principal Place of Business Mailing Address 9550 W 212 STREET 103 141 NS 3RD. APE 9550 W 212 STREET 104 104 NAMM, Ft. 33182 105 NAMM, Ft. 33189 105 NAMM, Ft. 33182 105 NAMM, Ft. 33189 105 NAMM, Ft. 33182 105 NAMM, Ft. 33189 105 NAMM, Ft.	ł .								
A1 NR 38D, AVE	C.M. INV	ESTMENT & TRADING, CO	DRP.						
104 MAMI, FL 33132	Principal Plac	e of Business	Mailing Address		<u> </u>				
MAMI, FL 33132 Missing Address Q3.59 South Apt II, etc. Q3.59 South Apt III, etc. Q3.59 South Apt III, etc. Q3.59 South Apt III, etc. Q4.79722 Applied For Country	141 NE 3RD	. AVE.	8650 SW 212 STREET		'				
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S. Certificate of Status Desired Fee Required	City & State		City & State		· · ·			`	
R&P ACCOUNTING & TAXES, INC. 141 NE 3RD AVENUE SUITE 406 MIAMM, FL 33132 City FL Zip Code 8. The above named ensity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS THE MAKE DE MONSALVE, MIRIAM J SITERE ADRESS CITY-ST-2P MIAMI, FL 33189 TITLE WO MONSALVE, CARLOS MIAMI, FL 33189 TITLE MIAMI, FL 33189 TITLE OR MONSALVE, CARLOS SIRET ADRESS SIRET ADRESS CITY-ST-2P MIAMI, FL 33189 TITLE OR MAMAE SIRET ADRESS SOS V2 12 STREET #104 TITLE MAKE SIRET ADRESS SOS V2 12 STREET #104 TITLE OR MIAMI, FL 33189 TORRES, CAROLINA MANAGER SIRET ADRESS CITY-ST-2P MIAMI, FL 33189 TORRES, CAROLINA MANAGER SIRET ADRESS CITY-ST-2P TITLE OM TORRES, CAROLINA MANAGER SIRET ADRESS CITY-ST-2P TITLE OM TORRES, CAROLINA MANAGER SIRET ADRESS CITY-ST-2P TITLE OM TORRES, CAROLINA MANAGER SIRET ADRESS CITY-ST-2P TITLE TORRES, CAROLINA MANAGER SIRET ADRESS CITY-ST-2P TITLE OBeles TITLE OBER TADRESS SIRET ADRESS CITY-ST-2P TITLE OBER TADRESS SIRET ADRESS SIRET ADRESS CITY-ST-2P TITLE OBER TADRESS SIRET ADRESS CITY-ST-2P TITLE OBER TADRESS SIRET ADRESS SIRE	Zip	Country		Country	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current			7. Name an	d Address of New R			
Street Address (P.O. Box Number is Not Acceptable) FL	BOD ACCOUNTING & TAYER INC				Name				
MIAMI, FL 33132 City FL Zip Code	141 NE 3RD AVENUE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or private name of registered agent and treat it acciticable. PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE PSTD DE MONSALVE, MIRIAM J DE MONSALVE, MIRIAM J DE MONSALVE, MIRIAM J DE MONSALVE, CARLOS SIREET ADDRESS SIREET ADDRESS SIREST ADDRESS GITY-ST-2P MIAMI, FL 33189 TILE D ONZALEZ, ELIMAR SIREET ADDRESS GONZALEZ, ELIMAR SIREET ADDRESS B650 SW 212 STREET #104 DEGREE ADDRESS GITY-ST-2P MIAMI, FL 33189 TILE D Obelete TILE MAKE GONZALEZ, ELIMAR SIREET ADDRESS GITY-ST-2P MIAMI, FL 33189 TILE GM MIAMI, FL 33189 TILE MAKE SIREET ADDRESS GITY-ST-2P TILE MAKE SIREET ADDRESS SIREET ADDRESS GITY-ST-2P TILE MAKE SIREET ADDRE	1								
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SIGNATURE Signature, typed or profest name or registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 3. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			or the purpose of changing its	registered office or	registered agent, or be	oth, in the State of Flo	orida. I am familiar with,	and accept	
Change Addition Change	the obligat	tions of registered agent.					•		
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signatu	re required when reinstating)		DATE		
### Added to Fees 10.	-	<u> </u>			A.				
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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: __

South Cele Honorefre,

4-25-06

Date

Daytime Phone #