

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90047 005 ***150.00

40006316



01292007 Chg-P CR2E034 (12/06)

4. FEI Number
61-1426392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OSORIO, MARTHA
19384 SOUTHWEST 60 CT
SOUTHWEST RANCHES, FL 33332

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOSA, ALICIA
STREET ADDRESS 19384 SOUTHWEST 60 CT
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332

TITLE V
NAME OSORIO, MARTHA
STREET ADDRESS 19384 SOUTHWEST 60 CT
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332

TITLE D
NAME RODRIGUEZ, OSCAR
STREET ADDRESS 5206 SW 91 AVE APT 3
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE S
NAME SOSA, ARTURO
STREET ADDRESS 19384 SOUTHWEST 60 CT
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS **1631 NW 113 AVE**
CITY-ST-ZIP **Pembroke Pines, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS **1631 NW 113 AVE**
CITY-ST-ZIP **Pembroke Pines, FL 33026**

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CITY-ST-ZIP

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 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: [Signature] _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #