07-09-2007 90050 013 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

			. ILEI OILI							
1. Entity Nam		# <b>P02000123</b> c	3986						07 SEP =	TALLAHAS
Principal Plac	e of Business	,	Mailing Address			1			c	ר יע
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2. Principal P	lace of Busine	ss - Na P.O. Box #	3. Mailing Address							<b>                                     </b>
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Suite, Apt. #, etc. Suite, Apt. #, etc.						07052007	Chg-P	CR2E03	4 (12/06)	
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City & Stat	16		City & State			4. FEI Number				plied For
									t Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of	Status Desired	<b>§</b>	8.75 Add	itional
<del></del> -	A Name	444	2	<u> </u>	,	L			ee Required	
	o. Name (	and Address of Current	registered Agent		Name	/. Name and /	Address of New F	registered A	gent	
LUGO, XIO	AMADA				Name					}
3341 N.W.					Street Address (P.O. Box Number Is Not Acceptable)					
MIAMI, FL					- San Carlotte Control of the					
					City				7:- 6:-	
					City			FL	Zip Code	•
8. The above	named entity	submits this statement fo	ir the purpose of changing its	register	ad office or register	red agent, or both	, in the State of Fi	orida. I am fa	miliar with.	and accept
the obligat	tions of registe	red agent.		-	•					
SIGNATURE_	Signature, typed o	r priving name of registered agent	and triwid applicable. (NOT	F Penistere	sd Agent signature required	t when remember		DATE		
		***************************************			- Bon en en en en en en en	,		DAIL		
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•	ee of oeb	14, 2007								
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
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CITY-ST-ZIP					Y-ST-ZIP				· 0	11
	Cortibuted the	information evention with	this filing dose and quality			d in Chapter 110	Elorida Ctatura	l further co-"	lu that the :-	dormation
indicated	on this report	or supplemental report i	n this filing does not qualify f s true and accurate and that	my signa	sture shall have the	same legal effect	as if made under	oath; that I ar	n an officer	or director
of the co	rporation or th	e receiver or trustee emp	owered to execute this repor	t as requ	ired by Chapter 60	7, Florida Statute	s; and that my nam	ne appears in	Block 10 or	Block 11 if
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SIGNAT	IUKE: _	SIGNATURE AND TYPED OR	PRINTED HAME OF BIGHING OFFICE	OR DIREC	TOR		- 1	<u> </u>	ytme Phone e	——
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