2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 09, 2006 8:00 am **Secretary of State** DOCUMENT # P03000001107 02-09-2006 90025 034 ***150.00 THE LAW OFFICES OF ALEXANDER B. RAMEY, P.A. Principal Place of Business Mailing Address 9995 SW 72ND ST. 9995 SW 72ND ST. SUITE 204 MIAM! FL 33173 SUITE 204 **MIAMI FL 33173** 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 14-1864044 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUTTIERREZ, JULIO ESQ Street Address (P.O. Box Number is Not Acceptable) 3770 W 12TH AVE HIALEAH FL 33012 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change CEO ☐ Delete ☐ Addition HITE TITLE owner B. Rangy Sile 204 NAME RAMEY, ALEXANDER B NAME Alexander 16120 SW 91 CT. STREET ADDRESS STREET ADDRESS 9995 SW CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP ☐ Delete Change Addition TITLE NAPAF TIABLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP uns ☐ Change □ Addition Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Daytime Phone #