

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90200 023 \*\*\*150.00

**60002004**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0152195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CALVO, LIZABETH F  
328 CRANDON BOULEVARD  
SUITE 228  
KEY BISCAYNE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(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 ROMANO, PATRICIA  
STREET ADDRESS 128 MASHTA DRIVE  
CITY - ST - ZIP KEY BISCAYNE, FL 33149

TITLE SD  
NAME CASTRO, HECTOR  
STREET ADDRESS 128 MASHTA DRIVE  
CITY - ST - ZIP KEY BISCAYNE, FL 33149

TITLE T  
NAME VILLA, PATRICIA  
STREET ADDRESS 959 CRANDON BLVD.  
CITY - ST - ZIP KEY BISCAYNE, FL 33149

TITLE T  
NAME ROISENVIT, PATRICIA  
STREET ADDRESS 959 CRANDON BLVD.  
CITY - ST - ZIP KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR CASTRO - SD -

Date

1/8/07

Daytime Phone #

305-361-8886