2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000026869

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90107 035 ***150.00

| ALEĞRIA | BODY TREA | ATMENT, COR | | | | | | | | | |
|---|--------------------------------|----------------------------------|--|--|-------------------------------|---|---------------------|-----------------|------------------------|---------------------------|--|
| Principal Plac | e of Business | | Mailing Addres | Marling Address | | | 33421 | | | | |
| 7667 W. SAMPLE RD #114 | | | _ | 7667 W. SAMPLE RD #114 | | | 40004516 | | | | |
| CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 | | | | | | | | | |)BBE 11 (28 (| |
| 2. Principal P | tace of Business | RSL HUED | EROL HOU | | | | | | | | |
| Suite, Apt. | #, etc. | | 3. Mailing Add 23 99 Suite, Apt. # | | | 01182006 | Chg-P | CR2E0 | 34 (11/05) | | |
| City & Stat | RATOH | / | City & State Bock | RATON | / | 4. FEI Numbe 65-1178 | | | | plied For t Applicable | |
| デム ナム | 3 | 343/ | Zip | | 343/ | | of Status Desired | | 8.75 Add ee Require | | |
| | 6. Name and A | Address of Current F | Registered Agent | t . | Name | 7. Name and Address of New Registered Agent | | | | | |
| GUEVARA | , ENRIQUE | | | | | | | | | | |
| | TE ROAD 7 F, FL 33068 | _ | Street Address (| 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 V /////////////////////////////////// | | | | | | | | | | | |
| SIGNATURE Signatury legical private hard strength region and little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| FiL ' After Ma | E NOM!!! FEE ay 1, 2006 Fee | IS \$150.00 e will be \$550.0 | 9. Electi Trust | ion Campaign Fir Fund Contributio | ~ | .00 May Be led to Fees | | | | | |
| 10. | Γ_ | OFFICERS AND I | | | 1. | ADDITIONS/ | CHANGES TO OFF | ICERS AND | DIRECTORS | 3 IN 11 | |
| TITLE NAME | D MERCADO, GF | RISEL DA | | | TITLE IAMÉ | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | 7667 W. SAMP | | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CORAL SPRIN | GS, FL 33065 | | DITY-ST-ZIP | | | | | | | |
| TITLE | | | | 00.000 | TILE | | | | ☐ Change | ☐ Addition | |
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| NAME | | | | | AME | | | | | | |
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| NAME | | | | | KAME | | | | _ • | _ | |
| STREET ADDRESS CITY-ST-ZIP | | | | | STREET ADDRESS | | | | | İ | |
| TITLE | | | | | CITY-ST-ZIP | | ··· | | Channe Channe | [7] Addition | |
| NAME | | | Ц | 20.00 | IAME | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | | · s | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | C | CITY-ST-ZIP | | | | | | |
| TITLE | | | | 2 0.010 | TITLE | | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | , | | JAME Street Address | | | | | | |
| CITY-ST-ZIP | | 1 | | | CITY-SI-ZIP | | | | | | |
| 12. I hereby o | certify that the infor | mation supplied with | this filing does no | ot qualify for the | exemptions contained | d in Chapter 119 | Florida Statutes. I | I further certi | fy that the in | formation | |

12. I hereby certify that the information supplied with this filling 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 trueter dispowered 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 full other like empowered.

SIGNATURE:

ATURE INTO TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

1959-394-8449