2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P03000035	524		04-17-20	006 90380 044 ***150.00		
Principal Plac	e of Business	Mailing Address		գլլսու			
11020 NE 1		11020 NE 10TH AVE.		•			
	AI, FL 33161	NORTH MIAMI, FL 33161					
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2. Principal Place of Business 9/5 South 13th Art 9/5 South 13			3th Are.				
Suite, Apt.	#, etc. 	Suite, Apt. #, etc.		03292006 Chg-P	CR2E034 (11/05)		
Holly 4	lood FL	City & State Hollywood F	· C .	4. FEI Number 05-0562411	Applied For Not Applicat		
Zip	Country				\$9.75 Additional	DIE	
330/	9 USA		ountry USA	5. Certificate of Status Desi	Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FREGOTE	E, CARLOS A		tre	Name Fre Gote Carlos Ariel			
11020 NE 10TH AVE.			Street Address (P.O. Box Number is Not Acceptable)				
NORTH M	NORTH MIAMI, FL 33161		(/-	20017,/3-11		\neg	
			City //		Zip Code		
The above named entity submits this statement for the purpose of changing its registere				ywood	「L	<u> </u>	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its regis	stered office or regi	isfered agent, or both, in the State	of Florida. I am familiar with, and acce	∌pt	
04/07/06							
SIGNATURE Signature required when revealange) DATE NOTE: Registered Agent signature required when revealange)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND I	DIRECTORS	11.		OFFICERS AND DIRECTORS IN 11		
TITLE	PD CARLOS A		1 7	resident	Change Additi	tion	
NAME STREET ADDRESS	FREGOTE, CARLOS A 11020 NE 10TH AVE.		NAME STREET ADDRESS	recote Carlos	Anel		
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP	off wood FL. 33	Art 9		
TITLE		☐ Defete	TITLE		☐ Change ☐ Additi	tion	
NAME 010557 4000500			NAME				
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE		Change ☐ Additi	tion	
NAME			NAME				
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CITY-SI-ZIP			CITY-ST-ZIP		☐ Change ☐ Additi	ting	
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STREET ADDRESS	ļ		NAME				
		1	NAME STREET ADDRESS				
CITY-ST-ZIP			l				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Defete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24/07/06 954

Davtime Phone #