FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Jan 12, 2006 08:00 AM

1. Entity Nam	MENT # P0300004150		·	Secretar	y of Sta	ite -	
Principal Piec 13500 SW 8 #287 MIAMI, FL 3	38ST F	alling Address P.O. BOX 960277 MAMI, FL 33296				# 15 ## 5 # ## # ##	21 00 210 0221 0 (55)
g, refer St. Sand	OO NOT WRITE II	CE	01052006 No Chg-P CR2E034 (11/05) 4. FEI Number 90-0135977 Applied For Not Applied 5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current Regis	stered Agent					
DIAZ, LUIS 13500 SW #287 MIAMI, FL	/88 ST				NOT W		
8. The above the obligat	named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	d office or register	red agent, or both	h, in the State of Fid	orlda. I am familia	r with, and acce
SIGNATURE_	Signature, typed or printed name of registered agent and title	if sonitration (NOTE Boolstone	d Agent signature required	(colored solice topics)		" DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing _ \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DIREC	OTORS)	1			-	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PSTD DIAZ, LUIS 13500 SW 88TH STREET, #287 MIAMI, FL 33183	· · · · · · · · · · · · · · · · · · ·			U00000 -01/17/06	384878 80033-008	150.00
TITLE NAME STREET ADGRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				INT	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY - ST- 210				·			
NAME STREET ADDRESS					•		

12. Thereby 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 % changed, or on an attachment with an address, with all other like empowered.

Ouytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _