2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 08:00 AN Secretary of State

6. Name and Address of Current Registered Agent SOTO, JOSE 11438 N.W. 89TH AVE. HIALEAH GARDENS, FL 33018-4100 B. 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 it the obligations of registered agent. SIGNATURE Signature, typed or preed name of registered opers and the 4 spokash. PILE NOWNII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS TITLE NOWNII FEE IS \$150.00 OFFICERS AND DIRECTORS OFFI TO THE NOWNII FEE IS \$150.00 OFFI TO TO THE NOWNII FEE IS \$150.00 OFFI	ANNUAL	EPURI		_	1,100	2 10, 2000	CO
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SOTO, JOSE 11438 N.W. 89TH AVE HIALEAH GARDENS, FL 33018-4100 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 of the obligations of registered agent. SIGNATURE Signature, typed or present have of registered agent. PILE NOWILI FEE 18 3150.00 After May 1, 2008 Fee will be \$350.00 10. OFFICERS AND DIRECTORS TILE NAME SIRET ADDRESS OITY-ST-2P HIALEAH GARDENS, FL 330184100 DO NOT WRITE INSTANCESS OITY-ST-2P TILE NAME SIRET ADDRESS O			CE	02052008 4. FEI Numb 51-049	No Chg-P er 31220	CR2E034 (11/05) Appl Not /	lied For Applicable
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Trust Fund Contribution. Trust Fund Contrib	the obligations of registered agent. SIGNATURE				·		nd accept
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12. I hereby certify that the information subplied with this fifing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of trustee epocwered 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.

JOSE SOTO

3-10-08

305-790-5528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:Y

Date

Daytime Phone #