2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 8:00 am Secretary of State

1. Entity Name	MENT # P03000095 stments, INC.	5016				05-11-2006	90239 041	130	
Principal Place of Business Mailing Address 14513 SW 169 TERRACE 14513 SW 169 TERRACE MIAMI, FL 33177 MIAMI, FL 33177			CE		<i>z</i>				
2. Principal Pl	ace of Business		W /61 1	PL					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		ł	05092006	Chg-P	CR2E034	(11/05)	
City & State	i FL	City & State	FL		4. FEI Numb 20-019			<u> </u>	plied For t Applicable
3219	Country	Z 33/9/	Country	-		of Status Desired		3.75 Addi	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BEIRUTI, J	IOSE		Name)					
14513 SW 167 TERRACE MIAMI, FL 33177				Street Address P & Box Number is Not Acceptable					
	. *		City	1101			EI	Zip 2 oct	101
The above named entity submits this statement for the purpose of changing its register				10171	ed agent or bo	th in the State of FI	orida Lamifam	DD	and accept
SIGNATURE_	ions of registered agent. Signature, typed or printed name of registered agent	<u> </u>	056 G FE: Registered Agent sig				05/09 DATE	7/06	
D1	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campa Trust Fund Con	tribution.		00 May Be ed to Fees	In accordance corporation did	not receive ti	he prior n	notice.
10.	P OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	CHANGES TO OF		RECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BEIRUTI, JOSE 14513 SW 169 TERRACE MIAMI, FL 33177	La Deserte	NAME STREET ADDRES CITY-ST-ZIP	s 100	68 SU	161 PL L 33196	Α	, oronge	
TITLE	VP ,	☐ Delete	TIFLE	7,,,,	<u>,,,, , , , , , , , , , , , , , , , , ,</u>	00.70	5	Change	Addition
NAME STREET ADORESS CITY-ST-ZIP	BEIROUTI, ANTONIO 14513 SW 169 TERRACE MIAMI, FL 33177		NAME STREET ADORES CITY-ST-ZIP	s 100	68 SU) 161 PL 1. 33196			
TITLE	ST	☐ Delete	TITLE				5	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BEIROUTI, JUAN 14513 SW 169 TERRACE MIAMI, FL 33177		NAME STREET ADDRES CITY-ST-ZIP	5 100 MIN	68 SU) 161 PL L 33196			
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORES CITY-ST-ZIP				E] Change	Addition
TITLE		☐ Delete	TITLE				E	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRES CITY-ST-ZIP	SS				•	
TITLE NAME		☐ Delete	TITLE NAME	<u></u>			E	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADORES CITY-ST-ZIP	»		•			
12. I hereby indicated of the corchanged	certify that the information supplied wit on this report or supplemental report poration or the edgewer or trustee end , or on an attackment with an address.	h this filing does not qualify in afrue and accurate and that wwered to execute this report with all other like empowered	for the exemption my signature sha it as required by (d.	s contained Ill have the s Chapter 607	I in Chapter 11 same legal effe , Florida Statut	9, Florida Statutes. ct as if made under es; and that my nan	I further certify oath; that I am ne appears in E	that the ir an officer Block 10 or	nformation or director r Block 11 if

SIGNATURE: LUNI/SC