2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 A Secretary of State

1. Entity Nam	MENT # P0300009844 service, corp.	6			S	ecretary o	f Sta
Principal Place of Business Mailing Address 15450 NW 14 CT PEMBROKE PINES, FL 33028 Mailing Address 15450 NW 14 CT PEMBROKE PINES, FL 33028						•	
DO NOT WRITE IN THIS SPACE				01162007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-0212446 5. Cartificate of Status Desired			
GAMBETTA, GRACE 15450 NW 14 CT PEMBROKE PINES, FL 33028				DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and bit			stered agent, or bo	oth, in the State of Flori	da. I am familiar with, and	accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS	OFFICERS AND DIRE DPST GAMBETTA, GRACE 15450 NW 14 CT PEMBROKE PINES, FL 33028	CTORS 1			0000006 01/29/07-8	03810 0027-017 150.	D O
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI		
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12. I hereby indicated of the co- changed	certify that the information supplied with this d on this report or supplemental report is true reporation or the receiver or trustee empower or on an attachment with an address, with	Illing does not qualify for the exe and accurate and that my signs ed to execute this report as requal other like empowered.	emptions contai ature shall have t aired by Chapter	ined in Chapter 11 the same legal effe 607, Florida Statul	19, Florida Statutes. I fi act as if made under or les; and that my name	urther certify that the informath; that I am an officer or cappears in Block 10 or Blo	nation lirector ick 11 if