2007 FOR PROFIT CORPORATION ANNUAL REPORT

NATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business Malling Address 2105 NOVA WILLAGE DRIVE 2105 NOVA WILLAGE DRIVE 2105 NOVA WILLAGE DRIVE DAVIE, FL 33317-7023 DAVIE, FL 3	DOCUMENT # P03000103276 1. Enlity Name MARIELA VARGAS, P.A.					Jan 16, 2007 08:00 AM Secretary of State				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. O1102007 ChgP CR2E034 (12/06) City & State City & State City & State City & State A. FEI Humber S1-0634078 Applied fibr Nor Applicable S1-0634078 S1-0634078 Nor Applicable S1-0634078 S1-0634	2105 NOVA VILLAGE DRIVE 2105 NOVA VILLAGE				<u>'</u>					
Suite, Apt #, etc. Suite, Apt #, etc. O1102007 Chg-P CR2E034 (12/06) City & State City & State Applied For Investment of State Ap										
City & State Country E. Coun	2. Principal Place of Business - No P.O. Box #							 		
Signature Sign	·				01102007	Chg-P	· , ,			
See	City & State				1		1	lot Applicable		
ARGAS, MARIELA 2105 NOVA VILLAGE DRIVE DAVIE, FL 33317-7023 City FL Zip Code	Zip 5	Country Zip		Caur	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
210S NOVA VILLAGE DRIVE DAVIE, FL 33317-7023 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity of processing the color of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registeries and improvement and improved supfice of the september. SIGNATURE FILE NOW, III FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIME PST WARGAS, MARIELA SIREST ADDESS CITY-ST-ZP TILE MARE DAVIE, FL 333177023 Delete TILE MARE Delete TILE MARE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE SIREST ADDESS CITY-ST-ZP TILE MARE SIREST ADDESS CITY-ST-ZP TILE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE Delete TILE Delete TILE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE Delete TILE Delete TILE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE Delete TILE Delete TILE MARE SIREST ADDESS CITY-ST-ZP TILE Delete		6. Name and Address of Current								
City FL Zip Code 8. The above named entity exhausting the base of the physical process of changing its registered office or registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorda. FILE NOWIII Plordary of registered agent, or both, in the State of Plordary of Registered Agents of Plordary of Registered Agents of Plordary of Registered Agents of					-					
S. The above names entity of the properties of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and accept the colligations of registered lagarity. SIGNATURE	DAVIE, FL	33317-7023		i						
THE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution					City			FL Zip Co.	de	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 PST Use Fund Contribution ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS OUT-ST-ZP	8. The above named entity of the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registerer gagint.									
### FILE NOWILL FEE IS \$150.00 ### SECURIOR Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Added to Fe	SIGNATURE Annual product program and progr									
### Added to Fees 10.										
TITLE	After Ma	.E NOW!!! FEE IS \$150.00° ay 1, 2007 Fee will be \$550.			Add	ied to Fees				
NAME STREET ADDRESS CITY-ST-ZIP Change Addition Additi	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 11	
Davie, FL 33317/023			☐ Delete							
Davie, FL 33317/023		l ·				. U00000586001				
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition	1	· ·			. 1		- 01/16/07 ⁰	-80035-017 1	50.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP			☐ Delete		4			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Obelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP										
STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP	TITLE		☐ Delete	1111	E	•		Change	Addition	
Delete										
NAME	CITY-ST-ZIP			CIT	/-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			Delete		i			Change	Addition	
CITY-ST-ZIP				1	ŀ					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP				1	*					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE			☐ Delete		-			☐ Change	Addition	
CITY-ST-ZIP	ļ									
NAME STREET ADDRESS GITY-ST-ZIP GITY-ST-ZIP GITY-ST-ZIP	1				į.					
STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP	TITLE		☐ Delete					☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP										
	1									
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 another 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 trusted expowered 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 employered.	1	certify that the information supplied wit too this report or supplemental report	h this filing does not qualify f	or the ex	emptions containe	d in Chapter 119 same legal effec), Florida Statutes.	I further certily that the oath; that I am an office	information =	

Daytime Phone #