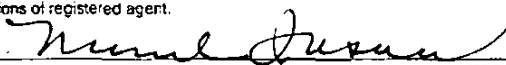
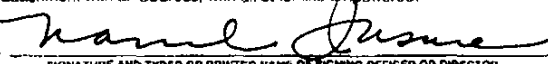


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90465 019 ***150.00

DOCUMENT # P03000113670			
1. Entity Name 18005 SOUTH DIXIE HWY., INC.			
Principal Place of Business 18005 SOUTH DIXIE HWY. MIAMI, FL 33157		Mailing Address 201 SOUTH BISCAYNE BLVD. SUITE 850 MIAMI, FL 33131-4332	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 562678	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PINECREST FL	
Zip	Country	Zip	Country
		33256-2678	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 20-0665999	
Applied For Not Applicable			
6. Name and Address of Current Registered Agent GUETTENMACHER, EDWARD P ESQ. 7301 SW 57TH COURT SUITE 560 SOUTH MIAMI, FL 33143		7. Name and Address of New Registered Agent Name MANUEL H. INSUA Street Address (P.O. Box Number is Not Acceptable) 20960 SW 216 ST. City MIAMI FL Zip Code 33170	
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 accept the obligations of registered agent. SIGNATURE:  DATE: APRIL 25, 2007 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when not filing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INSUA, MANUEL H 201 SOUTH BISCAYNE BLVD., SUITE 850 MIAMI, FL 331314332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INSUA, MANUEL H. ☒ Change ☐ Addition 20960 SW 216 ST MIAMI FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		APR 25, 2007 305 245-6929	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	