Mar 28 07 02:52p Heriberto florez 305

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Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90465 019 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000113670

1. Entity Name
18005 SOUTH DIXIE HWY., INC.

01122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
18005 SOUTH DIXIE HWY. MIAMI, FL 33157	~~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 33256-2678 / Country

4. FEI Number 20-0665999 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUETTENMACHER, EDWARD P ESQ. 7301 SW 57TH COURT SUITE 560 SOUTH MIAMI, FL 33143	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 [signature] APRIL 25, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. 20960 SW 216 ST MIAMI FL 33170	☒ 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: [signature] APR 25, 2007 305 245-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #