2006 FOR PROFIT CORPORATION

ANNUAL REPORT				Secretary of State			
DOCUI	MENT # P030001136	98			Secretai	ry of State	
	DDUCTIONS INC.						
Principal Plac	e of Business	Mailing Address		}			
350 NE 7518		950 NE 75TH STREET MIAMI, FL 33138		}			
MAMI, FL 3:	3130	MINIMI, IL 33 136		1 1111111111111111111	58188 55551 16 555 88555 5 85		1 (5 5 5 6)
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				04132006	No Chg-P	CR2E034 (11/05)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		{ Applie	
				56-241		\$8.75 Addling	pplicable
				5. Certificate	of Status Desired	Fee Required	/1430
	6. Name and Address of Current Re	gistered Agent	-{	~			
	E, DOMINIQUE			DO	NOT W	RITE	
950 NE 75TH STREET MIAMI, FL 33138			{		THIS SE		
				134 1	nio or	ACL	
SIGNATURE. FIL After M	Signature typed or printed name of registered agent and E NOWIST FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fine		d when reinstating) i.00 May Be ded to Fees		DATE	
10.	OFFICERS AND DI	RECTORS)	<u> </u>	}	~		
TITLE	D CONTRACTOR OF THE PROPERTY O	-	1				
name Street address	NESTOR, CHARLY 950 NE 75TH STREET		1		HOOR	00512366	
CITY-ST-71P	MIAMI, FL 33138				84/23/8	15-80081-023 1	50.00
TITLE	D NEOTON MEDICALIS	_	1				
name Street address	NESTOR, VERONIQUE 950 NE 75TH STREET						
City-St-Zip	MIAMI, FL 33138		_1				
TITLE	D	-					
name Street address	NAMECHE, DOMINIQUE 950 NE 75TH STREET	<u>:-</u>	1		NAT 1		
City-St-179	MIAMI, FL 33138	•		DO	NOT W	VKII E	
IITLE				IN .	THIS SI	PACE	
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TITLE			1				
NAME			1				
street address City-st-zip			1				
11015	 		-1				

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 off 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 employered 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: .

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR