## **2006 FOR PROFIT CORPORATION**

•	ANNUAL R	EPORI					
1. Entity Nam	MENT # P0300012117 s HOLDING, INC.	'1		0	FILE 6 May 22		2
Principal Plac 2121 PONCE CORAL GABL		Suite 240	[ //	EUNETARY ALLAHASSE	E, FLORI	ĐA	
	O NOT WRITE I	CE	04282006 4. FEI Numbe 59-377	No Chg-P	CR2E03	Applied For Not Applicable  8.75 Additional ee Required	
	6. Name and Address of Current Regi ABRIEL CE DE LEON BLVD., SUITE 240 ABLES, FL 33134	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 title		ed office or register		h, in the State of F	lorida. I am fa	amiliar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	~ _ ~	.00 May Be led to Fees			
10.	OFFICERS AND DIRE	CTORS			<del> </del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ, JORGE 2121 PONCE DE LEON BLVD. N. 24 CORAL GABLES, FL 33134	0	osl	22/06	9004	7 00	\$ \$258.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYES, GUILLERMO A. 2121 PONCE DE LEON BLVD. N. 24 CORAL GABLES, FL 33134	0	Bel	20 00/10	9 <b>0076</b> 20601043	2929	
NAME STREET ADDRESS CITY-ST-ZIP			K16	•	NOT V	VRITE	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS S	PACE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
of the co	certify that the information supplied with this on this report or supplemental report is true rporation or the receiver or trustee empower or on an attachment with an address, with it	and accurate and that my signated to execute this report as requ	iture shall have the	same legal effect	ct as if made unde	er oath: that I a	m an officer or director
SIGNAT		ED NAME OF SIGNING OFFICER OR DIRECT	TOR	OS	28 do	Di	aytime Phone #