## 2006 FOR PROFIT CORPORATION

**FILED** May 31. 2006 08:00 AM

ANNOAL REPORT				_	Wiay 31, 2000 00.00			
1. Entity Nam	MENT # P030001259	973			Se	ecretary of Stat		
155 NE 1ST	ce of Business ST BCH, FL 33441	Mailing Address 155 NE 1ST ST DEERFIELD BCH, FL 33441				: (1810 1836) 1831 (2011 1830) 1831(1831) 1831		
				05222006	No Chg-P	CR2E034 (11/05)		
	O NOT WRITE	IN THIS SPA	GE:	4. FEI Numb		Applied For Not Applicable		
	i de la companya de l	the second of th	and the second of the second o	5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			1	ير دادو در کا و په او در کار		the graph of a fact of the state of a		
MANAKEF 155 NE 18 DEERFIEL				4 25 5 13	NOT W THIS SP			
				ه الفادي والرواه الأواد الم	Andrew Comments			
	named entity submits this statement for titions of registered agent.	ne purpose of changing its register	ed affice or registe	ered agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registere	id Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DI	RECTORS	· A CALP P S	و منا ال	13 (2.4. 2.3.	the production of the second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAKER, DAHLIA 155 NE 1ST ST DEERFIELD BCH, FL 33441		Maria de la companya		A State of the sta	et ja valte eta eta eta eta eta eta eta eta eta e		
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TITLE NAME STREET ADDRESS City-ST-ZIP				ang mang mengangan Penganggan dan Penganggan dan Penganggan dan Penganggan dan		San Araba Maraba Araba Maraba Araba Maraba M		
TITLE			e carage a se		and the second	s and the		

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:

STREET ADDRESS CITY-ST-ZiP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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