2006 FOR PROFIT CORPORATION SECONDARY ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State

1. Entity Nam	MEN I-# P03000137	045 ;			C)2-08-2006 90	0008 031 ***150	0.00		
Principal Plac	e of Business	Mailing Address								
3275 PONCE South Unit	DE LEON BLVD.	3275 PONCE DE LEON BLVD. South unit					•			
	ES, FL 33134 US	CORAL GABLES, FL 33	134 US							
Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062006	Chg-P	CR2E034 (11/05)			
City & State		City & State			4. FEI Number	76-076	5-2882 A	pplied For		
Zip Country		Zip Country		<u>- </u>	4. FEI Number 76-076-2882 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
ļ	6 None and Address of Course of Cour	landata and Arant				1	Fee Require	ed		
ļ	6. Name and Address of Current F	kegisterea Agent	Name	90.5		dress of New Re	gistered Agent			
BUSINES	S FILINGS INCORPORATED	• ,		Name Cancina KVACHNINA Street Address (P.O. Box Number is Not Acceptable)						
SUITE 101	'ERNOR'S SQ. BLVD.		Stree	t.Address (P.O. Box Number (s Not Acceptable)				
TALLAHA	SSEE, FL 32301		233		3 Bricki	=u Ave,	# 1206			
· .			City	City Miami FL Zip Code 33)3)						
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or both,	in the State of Flor	ida. I am familiar with	, and accept		
SIGNATURE GALINA KVACHNINA, DIFECTOP Signature, typed or printed name of registers of agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
		,								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa: Trust Fund Cont		\$5 □ Add	.00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONETO	HANGES TO OFFIC	CEDS AND DIDECTOR	C 161 11		
TITLE	· · · · · · · · · · · · · · · · · · ·		711.		ADDITIONS/CF		CENS AND DIRECTOR	12 114 11		
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NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			KVA	SHNIMA. G.	ALINA L AVE, HI	🕍 Change			
NAME	P KVACHNINĄ, GALINA		TITLE NAME	KVAC 233 MIA	CHNINA G	L AVE, # (🕍 Change			
NAME STREET ADDRESS CITY-ST-ZIP	P KVACHNINA, GALINA 2333 BRICKEL AVE 1206 MIAMI, FL 33131 D.		TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	KVAC 233 MIA	SHNIMA, G. 3 Baickel MI, FC 3	L AVE, # ()	🕍 Change			
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12. I hereby certify that the information supplied with this filling 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 ooth; that if 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/06

305-4482060

Daytime Phone ≠