2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P040000456			03-13-2006 9005	2 042 ***150.0	00	
Principal Plac		Mailing Address		-	4		
3671 SW 13 MIAMI, FL 3:		3671 SW 13 ST Miami, Fl. 33145		1			
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2. Principal P 365 Suite, Apt.		3. Mailing Address 36675W Suite, Apt. #, etc.	41 Street	03062006	Chg-P C	CR2E034 (11/05)	
City & State City & State				4. FEI Num		<u></u> _	plied For
miami, 71 Miami, 7				20-0858858 Not Applicable			
331	55 Country A.	^{zip} 33155	Country USA	5. Certificat	e of Status Desired [38,75 Add Fee Required	
	6. Name and Address of Current R			7. Name an	d Address of New Regis		
GALIANO, FERNANDO 3671 SW 13 ST				Ternando Galiano			
				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33145			3687 SW 41 Street				
	e .		City	. 500	II SHEET	FL 23/39	55
8. The above	named entity submits this slatement for t	the purpose of changing its rec		registered agent, or b	oth, in the State of Florida		
	ions of registered agen.	-					
SIGNATURE 0 W65							
Signature, typed or printed name of Temperature and table approached. (NOTE: Registered Agent signature required when reinstating) OATE 03.06.06							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND D		11.	ADDITION	S/CHANGES TO OFFICER		
TITLE NAME	P GALIANO, FERNANDO	Delete	TITLE NAME		() (50)	Change	Addition Addition
STREET ADDRESS	6595 NW 36TH STREET SUITE 2	13A	STREET ADDRESS	3687 SW	41 Street F1 33155	•	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166			Miami	, +1 33133		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP TITLE			CITY-ST-ZIP			Change	Addition
NAME		C) Delete	NAME			Currido	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
name Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			_	
TITLE		☐ Delete	TITLE	_	•	☐ Change	Addition
NAME Street Address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		•		
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 oath; that I am an officer or director							
of the corporation or the receiver or trustee emptwered 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 offer like empowered.							
SIGNATURE: 03.06.06							
SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date District Phone #							