## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 20, 2006 08:00 AM Secretary of State

1. Entity Nan	MENT # P0400005248 OTHING CORP.	38		Secretary of State	
Principal Place of Business Mailing Address 2801 NW 5TH AVENUE 2801 NW 5TH AVENUE MIAMI, FL 33127 MIAMI, FL 33127					
E	OO NOT WRITE II		CE	03142006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PREVITI, PETER 5825 SUNSET DRIVE SUITE 210 MIAMI, FL 33143				DO NOT WRITE IN THIS SPACE	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or profiled name of registered agent and tiffe if applicable.  (NOTE: Registered Agent aignature required when reinstalling)  DATE					
FILE NOWIN FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  7. Election Campaign Finan Trust Fund Contribution.				5.00 May Be ided to Fees	
10.  SITLE NAME SIREET ADDRESS CHY-ST-ZIP	OFFICERS AND DIRECT THAN, EDSON 2801 NW 5TH AVENUE MIAMI, FL 33127	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1/00000474003 04/04/06-80006-003 150.00	
TITLE KAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
Title Name Street address City-St-Zip	·				
Title Name Street address 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 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.					

Edon & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR