## **2007 FOR PROFIT CORPORATION**

FILED **AM** te

ANNUAL REPORT				Jan 22, 2007 08:00	
1. Entity Name	MENT # P040000605	665		Sec	retary of Sta
Principal Place of 4909 S.W. 137 MIAMI, FL 331	7TH COURT	Mailing Address 4909 S.W. 137TH COURT MIAMI, FL 33175		 	NICO -
\$6. K. j.		e grand and a second of			BAN BAN BUN BUN BUN BUN BUN BAN
DO NOT WRITE IN THIS SPA			CE	01202007 No Chg-P Cf  4. FEI Number 87-0727819  5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	gistered Agent	<u> </u>	5. Certificate of Status Desired	Fee Required
PEREZ, ANGEL V 4909 S.W. 137TH COURT MIAMI, FL 33175				DO NOT WRI	
the obligation SIGNATURESq	amed entity submits this statement for the sof registered agent.  grature, typed or printed name of registered agent and  NOW!!! FEE IS \$150.00  / 1, 2007 Fee will be \$550.00	9. Election Campaign Fina	d Agen) signature required	red agent, or both, in the State of Florida.  I when remistating)  .00 May Be led to Fees	I am Iamiliar with, and accept
10.	OFFICERS AND DI	RECTORS	J		
NAME F STREET ADDRESS 4 CITY-ST-ZIP N	PD PEREZ, ANGEL V 1909 S.W. 137TH COURT MIAMI, FL 33175		, , , , , ,		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			-	000000595 01/23/07-800	757 52-017 150.00
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRI	
NAME STREET ADDRESS CITY-ST-ZIP			4	IN THIS SPA	GE .
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AUDRESS					

12. Thereby 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 onth; that I am an officer or director of the corporation or the receiver or trustee embowered 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 plantaged.

SIGNATURE: \_

CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #