2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 Al Secretary of State

ANNUAL REPORT					Secretary of St			
1. Entity Nam	MENT # P040000627	714			Secretary of S			
Principal Place 3006 AVIATION MIAMI, FL 33	ON AVE. #3A	Mailing Address 3006 AVIATION AVE. #3A MIAMI, FL 33133		 	TO NE DIDIN CO NI To ni Con		011 NOV ANDRAS II SAN	
DO NOT WRITE IN THIS SPA			CE	04012007 4. FEI Number 52-244	4. FEI Number Applied For 52-2444960 Not Applicable \$8.75 Additional			
	6. Name and Address of Current Ro	egistered Agent	<u> </u>	or Certificate	Or Glaids Desired	Fee	Required	
PANTIN, MARIA 3125 JACKSON AVE MIAMI, FL 33133				-	NOT W THIS SP			
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and			ustered agent, or bot	h, in the State of Flo	orida. I am fami	liar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIP P FULTON, STANLEY M 3006 AVIATION AVE. #3A MIAMI, FL 33133 VP PANTIN, MARIA T 3006 AVIATION AVENUE SUITE 3 MIAMI, FL 33133			'	U00 04/13/	0006915: 07-8001:	37 4-021 150.00	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	T ADDRESS ST-ZIP				NOT W			
STREET ADDRESS CITY-ST-ZIP								

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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41,107

Daytime Phone #