2006 FOR PROFIT CORPORATION

FILED Mar 30, 2006 08:00 AM

Secretary of State DOCUMENT # P04000069661		ANNUAL	REPURI				Secret	tarv	of Sta	ıte	
1.935 SW 157 STRECT, SURTE 340 1393 SW 157 STREET, SURTE 340 MMM, FL 33135 1395 SW 157 STREET, SURTE 340 MMM, FL 33135 1395 SW 157 STREET, SURTE 340 MMM, FL 33135 1395 SW 157 STREET, SURTE 340 MMM, FL 33135 1395 SW 157 STREET, SURTE 340 MMM, FL 33135 1395 SW 157 STREET, SURTE 340 MMM, FL 33135 1395 SW 157 STREET, SURTE 340 SW 157	1. Entity Name						Secre	iai y	or Sta		
Suite, Apt. 4, etc. Soite	1393 SW 1ST STREET, SUITE 340 1393 SW 1ST STREET, SUITE			UITE 340	-						
City & States	Principal Place of Business 3. Mailing Address										
Zp Country Zp Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252006	Chg-P	CRZE	:034 (11/05)		
20	City & State		City & State			}					
Name and Address of Current Registered Agent	Zip	Country Zip		Country	TV.			\$8.75 Additional			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered			
Street Address (P.O. Box Number is Not Acceptable)				Name		-			<u> </u>		
8. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Type of prints from a displaced agent of this Feylbacks (Incit incompany Financing) PILE NOWITH FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Trust Fund Contribution. TO OFFICERS AND DIRECTORS SIRET ADDRESS S	8260 GRAND CANAL DRIVE			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
3. The above named entity submits this statement for the purpose of changing is registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	IVITAIVII, FL	. 33 144									
SIGNATURE SIGNATURE SQUAMER 1946 of printed pairs of registered agent stratums in properties. (MOIF Registered Agent scratums inspired when registering) 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PT GRAPH, CARLOS SIRRET ADDRESS SIRR				City		<u> </u>		FI	Zip Cod	9	
SIGNATURE Properties Prope	8. 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 objections of registered agent.										
Part											
After May 1, 2006 Fee will be \$50.00											
THE	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		\$5. Add	00 May Be ad to Fees						
Delete	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS,	CHANGES TO OF	FICERS AN	D DIRECTORS	S IN 11	
SIRET ADDRESS SARAND CANAL DRIVE SIRET ADDRESS SIRET A	{ me		☐ Delete	nae							
CITY ST- AP)	k		4 ?			anama aa	i da sanaharan	-		
MAME MIGENES, BARBARA Delete MAME MAME MIGENES, BARBARA MAME MA	1	(**	2 1			20 11 11 11 11 11 11 11 11 11 11 11 11 11	19114526 20046	1 . 610-186	ם כ	
MAME SIRELI ADDRESS CITY-ST-ZIP MIAMI, FL 33144 Delete MAME SIRELI ADDRESS CITY-ST-ZIP THE NAME SIRELI ADDRESS CITY-ST-Z	ļ <u> </u>		☐ Delote	!		· — - — —	CAC LON CHY	בידגונוני			
City-St-ZiP MIAMI, FL 33144	(- Delite	5					- cuange	T Nonlini	
THLE			•	STREET ADDRESS							
NAME STREET ADDRESS	}	MIAMI, FL 33144		CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE Delete WILE Change Addition	1		☐ Delete						☐ Change	Addition 🔲	
CITY-ST-ZIP	,			4							
MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete TITL	CITY-ST-ZIP			1 3						į	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TiffLE					Change	☐ Addition	
CITY-ST-ZIP	3									ı	
NAME	1			2 3							
STREET ADDRESS CHY-ST-ZIP TITLE Detet Detet HAME STREET ADDRESS CHY-ST-ZIP CHANGE CHY-ST-ZIP TOTALE CHANGE CHY-ST-ZIP STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP	FILE		☐ Delete	THEE					☐ Change	☐ Addition	
CNY-ST-ZIP CRY-ST-ZIP ITILE □ Detate ITILE □ Change □ Addition NAME NAME NAME STREET ADDRESS CUY-ST-ZIP CUY-ST-ZIP)			E /							
HAME NAME STREET ADDRESS STREET ADDRESS CXY-ST-ZIP CLY-ST-ZIP	(2 3							
STREET ADDRESS CSTY-ST-ZIP CSTY-ST-ZIP	(☐ Delete	DULE					☐ Change	Addition	
City-St-ZiP City-St-ZiP	}			5 (
	1										
LEST THEODY OF BY AND BURNING AND RESERVING HIS BEING AND ADDRESS OF THE PROPERTY OF CONTROL OF COMMENT OF CONTROL OF CON		Certify that the information sumplied with	this filing does not qualify for t	┻┈╴┈╴╌┸	ntainad	in Chanter 115	Florida Statutes	Livibor co	etifu thei the :-		

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 emphysized to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 17 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED ON DAVIED HAME OF SIGNING OFFICER OR DIRECTOR

786-556-9400 Dayure Planes