## 2007 FOR PROFIT CORPORATION

## **FILED** Apr 16. 2007 08:00 Al ate

| ANNUAL REPORT                                                                                                           |                                                                                     |                                                              |                                         |                                 | Secretary of St             |                      |                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|---------------------------------|-----------------------------|----------------------|-----------------------------------------------------|--|
| 1. Entity Nam                                                                                                           | MENT # P040000864                                                                   |                                                              |                                         | 5                               | eci eta                     | ary or Su            |                                                     |  |
| Principal Plac<br>10710 WEST<br>MIAMI, FL 3                                                                             | TWOOD LAKE DR                                                                       | Mailing Address<br>10710 WESTWOOD LAKE DR<br>MIAMI, FL 33165 |                                         |                                 | 11/1 2/11/ 15/11 11/11 51/1 |                      | 11 <b>8</b> 11 <b>818</b> 11 1881 1881 17 1881      |  |
| DO NOT WRITE IN THIS SPA                                                                                                |                                                                                     |                                                              | CE                                      | 04112007  4. FEI Number 02-0725 | No Chg-P                    | CR2E034              | (11/05)  Applied For Not Applicable 3.75 Additional |  |
|                                                                                                                         | 6. Name and Address of Current Re                                                   | gistered Agent                                               | [                                       | 5. Certificate o                | - Status Desireu            |                      | e Required                                          |  |
| GONZALEZ, ILIANA<br>4733 SW 1 ST<br>MIAMI, FL 33134                                                                     |                                                                                     |                                                              |                                         |                                 | NOT W                       |                      |                                                     |  |
| 8. The above<br>the obligat<br>SIGNATURE_                                                                               | named entity submits this statement for thions of registered agent.                 |                                                              | ed office or register                   |                                 | , in the State of Flo       | rida. I am fan       | niliar with, and accept                             |  |
| FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution |                                                                                     |                                                              | · , , , , , , , , , , , , , , , , , , , | .00 May Be<br>ed to Fees        |                             |                      |                                                     |  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                         | OFFICERS AND DIF<br>PD<br>GONZALEZ, ILIANA<br>4733 SW 1 ST<br>MIAMI, FL 33134<br>VP | RECTORS                                                      | -                                       |                                 |                             |                      |                                                     |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | GONZALEZ, JUAN CARLOS<br>4733 SW 1 ST<br>MIAMI, FL 33134                            |                                                              |                                         |                                 |                             |                      |                                                     |  |
| IITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                          |                                                                                     |                                                              |                                         | DO                              | NOT W                       | RITE                 |                                                     |  |
| NAME STREET ADDRESS CITY-ST-ZIP                                                                                         |                                                                                     |                                                              |                                         | IN T                            | 'HIS SP                     | ACE                  |                                                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                   |                                                                                     |                                                              |                                         |                                 |                             | 10706756<br>'-80047- | ;<br>-011 150.00                                    |  |

12. Thereby 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 acceptate 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 type empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR