## 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

TOWATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

## FILED Mar 27, 2006 08:00 AM Secretary of State

(305) 803-6092 Dayling Phone #

DOCU 1. Entity Nar FERAN C		6932		Secretary of State
Principal Place 90 W 61ST : HIALEAH, FL	<del>-</del> -	Mailing Address 90 W 61ST ST HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address Qo W. G(54.		
Suite, Apt.		Suite, Apt. #, etc.		03152006 Chg-P CR2E034 (11/05)
City & State	ah FL	Hialeah, Fl		4. FE) Number Applied For 34-2003015 Not Applied by
330		33012	Country U.S.	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent N				7. Name and Address of New Registered Agent
RODRIGUEZ, FERNANDO , 90 W 61ST ST HIALEAH, FL 33012			Street Addres	ss (P.O. Box Number is Not Acceptable)
			City	EI Zip Code
The above named entity submits this statement for the purpose of changing its registers     the obligations of training and assets.			(	FL ( '
the obligations of registered agent.  SIGNATURE				
Signature, typed or punied name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OATE				
Fil. After Ma	E NOW!!! FEE !\$ \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contribu	· · · ·	\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
name Street address City-St-Zip	RODRIGUEZ, FERNANDO 90 W 61ST ST HIALEAH, FL 33012	☐ Deicke ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addillon
TITLE	VO	☐ Delete	SITLE	Change Addition
name Street Address City-St-Zip	FUSTES, ANA M 90 W 61ST ST HIALEAH, FL 33012		NAME STREET ADDRESS CITY-SY-ZIP	108000481452 04/11/06-80026-020 150.00
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	ITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		□ <b>C</b> elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZTP	☐ Change ☐ Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CHY-SI-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not quality 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 of the execute this tese empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 is changed, or on an attachment with all other like empowered.				