2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Zip Country Zip Country 5. Certificate of Status Desired S.8.75 Auditional Fee Required. 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE SOUZA, LUIZ A 1040 71ST STREET 4100 MIAMI BEACH FL 33141 City FL Zip Code 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorica. I am familiar with, and actine obligations of registered agent are obligations of registered agent and advanced and in order and incomplete	ANNUAL R	EPORT (AR)	9/11/2007-90006-013-\$550.00-\$5	550.00	
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Agr. #, etc. Suite, Agr. #, etc. Suite, Agr. #, etc. Suite, Agr. #, etc. City & State Country S. Certificate of Status Desired S6.75 Additional Fee Required Mol Agoli of Place Mol Agoli					
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1040 71ST STREET 8100 MIAMI BEACH FL 33141 City FL 2/p Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or born, in the State of Florida. I am familier with, and active of registered agent or other named entity submits this statement for the purpose of changing its registered affice or registered agent, or born, in the State of Florida. I am familier with, and active of registered agent or other named into the purpose of changing its registered affice or registered agent, or born, in the State of Florida. I am familier with, and active of registered agent or other named into the purpose of changing its registered affice or registered agent, or born, in the State of Florida. I am familier with, and active of registered agent, or born, in the State of Florida. I am familier with, and active of registered agent or born, in the State of Florida. I am familier with, and active of registered agent, or born, in the State of Florida. I am familier with, and active of registered agent, or born, in the State of Florida. I am familier with, and active of registered agent, or born, in the State of Florida. I am familier with, and add to Face of the Salouto. SIGNATURE SECURAL PURPS. SECOND. OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRE				4. FEI Number 77-0639933	Applied For Not Applicable
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10.40 71ST STREET \$100 MIAMI BEACH FL 33141 City FL Zip Code				7. Name and Address O) New Registered	Agent
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am hamilian with, and as the obligations of registered agent. E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am hamilian with, and as the obligations of registered agent. E. Change of united round of required used agent with feet agents and the submit of State. E. Change of United Provided Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of United Enter in the submit of State. E. Change of Change of United Enter in the submit of State. E. Change of Change of United Enter in the submit of State. E. Change of Change	1040 71ST STREET #100		Street Audress (F.O. Box Number is Not Acceptable)		
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further cortify that the information indicated on this report or suppliemental 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 directly 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 changed, or on an attachment with an addition, with all other like ampowered.	indicated on this report or supplemental report is of the corporation or the receiver or trustee empor	true and accurate and that my sowered to execute this report as	signature shall have the s	same legal effect as it made under oath; that I 7, Florida Statutes; and that my name appears	I am an officer or director in Block 10 or Block 11 if
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DEED DOWN PROVED TO DEPOSIT PROVED TO	SIGNATURE AND TYPED OR R	RINTED HAME OF SIGNING OFFICER OR	DIRECTOR		
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