2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 08:00 AM Secretary of State

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1. Entity Nam	MENT # P0400011			Šecretary of State					
Principal Plac	te of Business	Mailing Address			-				
7767 WEST		8 STREET							
APT. # 101		SUITE 306	ис						
HIALEAH GAI	RDEN, FL 33018 US	MIAMI, FL 33144	US						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04272007	Chg-P	CR2E034	(12/06)	
City & Stat	е	City & State			4. FEI Numbe		· · · · · · · · · · · · · · · · · · ·		plied For
7'a County		Zip Coun		itry	20-1450527			.75 Add	t Applicable
Ζίρ	Country	Σ.Ιμ	0000	iii y	5. Certificate	of Status Desired		Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New	Registered Age	nt	
ADOLA MADIO				Name					
ARSILA, MARIO 7767 WEST 29 LANE				Street Address	(P.O. Box Numbe	r is Not Acceptab	le)		
APT. # 10	•								
HIALEAH GARDEN, FL 33018				City Zio Code					
				City			FL		
	named entity submits this statement	for the purpose of changin	g its register	ed office or registi	ered agent, or bot	n, in the State of F	lorida. I am fami	liar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered ager	at and title dispolated	/NOTE: Begistere	id Agent signature requir	and when reinstation)		DATE		
	Signature, typed or printed name or registered ager	nt and the it applicable.	(IAO15: Magietora	C Agent signature requi	ac wile i constanting)				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Car Trust Fund (mpaign Finar Contribution.		5.00 May Be ided to Fees				
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIF	RECTOR:	S IN 11
TITLE	Р	☐ Delete	TITL	E				Change	Addition
NAME	ARSILA, MARIO		NAM	i i					
STREET ADDRESS	7767 WEST 29 LANE APT. # 1			ET ADDRESS					
CITY-ST-ZIP	HIALEAH GARDEN, FL 33018			-ST-ZIP				Chases	Addition
TITLE NAME		Delete	TITLI NAM				L	Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	E				Change	Addition
NAME			NAM	_					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP				01	- Addistan
TITLE		☐ Delete	TITU NAM	1		U0000	0075513🏳	Unange Titiri 1	Addition
NAME STREET ADDRESS				ET ADDRESS		U5/22/U	780089	UĽÓ .	100.00
CITY-ST-ZIP				-ST-ZIP					
TITLE		□ Delete	Titl	E				Change	Addition
NAME	1		NAM				_	-	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					Change	Addition
NAME			NAM						
STREET ADDRESS				ET ADDRESS					
CITY- T-ZIP	Ī		CITY	-ST-ZIP					

12. I hereby certify that the information supplied with this fiting 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: Mario ar DILO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.27.07

(305)2263443

Date