2006 FOR PROFIT CORPORATION

FILED Jan 23, 2006 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
1. Entity Name	MENT # P04000123				01-23-200	06 90105 04	14 ***150.·	00
Principal Place	e of Business	Mailing Address		- -	20	002357	?	
8071 W 2151 HIALEAH, FL	T COURT	8071 W 21ST COURT HIALEAH, FL 33016						
2. Principal P	lace of Business SW ISh Terr	3. Mailing Address	15th Ter					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01142	2006 Chg-P	CR2E	034 (11/05)	
Cope State	(oral fl	Cape Core		-1 -	Number -1559750		Not	plied For Applicable
33399	Country USA	33991	Country	5. Ceri	tificate of Status Desi	red 🗌	\$8.75 Addi Fee Required	
	6. Name and Address of Current I	Registered Agent	Name .	7. Nan	ne and Address of N	ew Registered	Agent	
MURILLO, 7649 RAM MIRAMAR		Street Address (P.O. Box Number is Not Acceptable)						
IVIII O WEST		,	RD CAC	$\frac{9}{8}$	15th T	<u>`</u> و⟨√ Fl	Z ₂ Code	191
		into	<u></u>			of Florida. I am	familiar with.	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig		\$5.00 May Added to Fee	Be	DATE	<u>'</u>	
10.	OFFICERS AND		11.	ADDI	TIONS/CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MURILLO, HORUS 7649 RAMONA SF MIRAMAR, FL 33023	D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Murillo, 1809 SN Cape (J 15th Ter	r 33991	⊠ Change	Addition
TITLE NAME STREET ADDRESS	VS JORGE, RUBELIO H 2431 NW 103 AVE	☐ Delete	TITLE NAME STREET ADORESS		<u> </u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES, FL 33026	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITYST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions c	ontained in Char	oter 119, Florida Statu	ites. I further ce	artify that the in	or director

indicated on this report or supplemental report is true and accertate and that my signature shall have the same togat effect as if made under oath; that I am an officer or director of the corporation or the receive, or trusted empowered to exploute this report as regularly Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment who an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR

Daytene Phone #