2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of State		
DOCUI 1. Entity Nam TERREN		3			Secretary	oi state
Principal Plac						
16300 SW 145 AVE 16300 SW 145 AVE MIAMI, FL 33177 MIAMI, FL 33177						
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1			03072006 No Chg-P CR2E034 (11/05)			
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1	O NOT WITH I	-	4. FEI Numb 37-149		Applied For Not Applicable	
				<u> </u>		\$8.75 Additional
				5. Ceruncate	of Status Desired	Fee Required
ļ	6. Name and Address of Current Regist					
DEOSARF	RAN, TERRENCE A		no	NOT MOIT	<u></u>	
16300 SW 145 AVE			DO NOT WRITE			
MIAMI, FL 33177			IN THIS SPACE			
						_
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
The same and the s						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIS FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Finan Trust Fund Contribution.				.00 May Be ted to Fees		
16. OFFICERS AND DIRECTORS			-			
TITLE NAME	P DEOSARRAN, TERRENCE A					
STREET ADDRESS	16300 SW 145 AVE		Į.		<u> </u>	3
CITY-ST-ZIP	MIAMI, FL 33177		3		03/21/06-80094	-021 150.00
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CITY-ST-ZIP			1			
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NAME STREET ADDRESS	1		1			
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TITLE]			
NAME			Į.			
STREET ADDRESS CITY-ST-ZIP			1			
	certify that the information a unnited with this ti	lling does not malify for the ev	emotions contains	nd in Chanter 33	9 Florida Statutes I further co	rtify that the information
indicated	on this report or supplemental report is tree a	and accurate and that my signs to execute this report as requi	iture shall have the	same legal effe	ect as if made under oath; that I	am an officer or director in Black 10 or Black 11 if
12. I hereby certify that the information supplied with this filling 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 fustee emboweled 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 all address with all other like empowered.						

SIGNATURE AND TYPES OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR