## 2006 FOR PROFIT CORPORATION

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## **FILED**

ANNUAL REPORT				Mar 02, 2006 08:00 A Secretary of State			
1. Entity Nan	MENT # P04000152 PESTMENTS CORPORATION			Secr	etary of State	<u>;</u>	
9201 NW 3	pe of Business 2ND COURT ROAD 33147 US	Mailing Address 1585 WEST 56 PLACE HIALEAH, FL 33012 US			<b>  22</b> 00   2100   2211   2200   2400	El Mela Bune ilbre Maar buni albuesku fast	
Г	OO NOT WRITE		CE	02272006 4. FEI Numbi 20-185	No Chg-P	CR2E034 (11/05)  Applied For Not Applica  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH GARDENS, FL 33016				IN 7	NOT W THIS SP	ACE	<del></del>
8. The above the obligation SIGNATURE.	e named entity submits this statement for tions of registered agent.			· <del>-</del>	th, in the State of Flo		pt
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Signature. Nyped or printed name of registered agent and title if applicable. (NOTE Registere)  9. Electron Campaign Finan Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees		DATE	
10.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  AAME STREET ADDRESS GITY-ST-ZIP  TITLE  NAME STREET ADDRESS GITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	OFFICERS AND DP ALMEIDA, JORGE 9201 NW 32ND COURT ROAD MIAMI, FL 33175	DIRECTORS		_	Hnnggg JHZ14Z08- NOT W THIS SP	80053-803 150.00	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS		<u> </u>					

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 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:

CITY-ST-ZIP

SIGNATURE OF THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #