## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2007 8:00 am Secretary of State **DOCUMENT # P04000167561** 03-26-2007 90062 043 \*\*\*150.00 ROUTE 167, CORP. Principal Place of Business Mailing Address 9130 S. DADELAND BLVD. 9130 S. DADELAND BLVD. **SUITE 1600** SUITE 1600 MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 02082007 Chg-P CR2E034 (12/06) City & State City & State 4 EEI Number Applied For 20-2006109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUZMAN & GUZMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O MARIO GUZMAN SADE LAND 9130 S. DADELAND BLVD., SUITE #1504 MIAMI, FL 33156 Zip Code nigoi 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D Delete TITI F Change ■ Addition ROZANSKI, ANDRES NAME NAME STREET ADDRESS CERRITO 836, PISO 7 STREET ADDRESS CITY-ST-ZIP CAPITA FEDRL., ARGENT. 1010, CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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

ANDRET BZANSKI

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED