

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP -5 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2040504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANSGLOBAL CORPORATE SERVICES LLC
520 BRICKELL KEY DR SUITE 0-305
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HAVEN, SAMUEL P	
STREET ADDRESS	520 BRICKELL KEY DR SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEMAN, STEPHEN A	
STREET ADDRESS	520 BRICKELL KEY DR, SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUEVARA, ANA	
STREET ADDRESS	520 BRICKELL KEY DR, SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BASKIN, YUZYK	
STREET ADDRESS	520 BRICKELL KEY DR, SUITE 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alvarez, Jose	
STREET ADDRESS	520 Brickell Key Dr. # 0-305	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600079733106
09/12/06--01068--004 **61.25

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/06

Date

(305) 3743800

Daytime Phone

20 9/6