2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State

Principal Place of Business SHE
SUITE 5 SUITE 65 SUITE 5 SUITE 65 SUITE 5 SUITE 65
MAMIL FL 33125 2. P. PICIPIP PROJECT OF BUSINESS - NO P.O. Box #
2. Principal Pigee of Business - No P.O. Box # \$5.94 MW JS CT \$5.94 MW
Solita, April, edic. Suite, A
Suite. Apr. 4. etc. Suite. Apr. 4. etc. Suite. Apr. 4. etc. Suite. Apr. 4. etc.
City & State City & State Country 20 Country 3 Country 5 Certificate of Status Desired \$8.75 Additional ree Required CHACON, ELDER STREET SUITE 5 City FL Zip Code Street Additional ree Required Street Additional representation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligati
23 3 M Country DADE 210 Country State of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 9. Election Campaign Financing Trust Fund Contribution 1318 NW 2ND STREET SUITE #5 011-51-2P 011-51-2P 01318 NW 2ND STREET SUITE #5 011-51-2P 01318 NW 2ND STREET SUITE #5 011-51-2P 01318 NW 2ND STREET SUITE #5 011-51-2P 014-51-2P 014-51-2P 014-51-2P 014-51-2P 014-51-2P 015-51-2P 014-51-2P 015-51-2P 014-51-2P 015-51-2P 014-51-2P 015-51-2P 015
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 9. Election Campaign Financing 10.
CHACON, ELDER 1318 NW 2ND STREET 210 Code
CHACON, ELDER 1318 NW 2ND STREET SUITE 5 MIAMI, FL 33125 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. Ching PP
Street Addross (P.O. Box Number is Not Acceptable) Street Addross (P.O. Box Number is Not Acceptable) City
SUITE 5 MIAMI, FL 33125 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 Syndame, heads or primar name of migratured agent and take it accidedate. ### PD ###
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature. Signature. Signature depends and the report and contribution. THE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Thus Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE. P. Change Addition SIREET ADDRESS CITY-S1-2P MIAMI, FL 33125 CITY-S1-2P THE MAKE SIREET ADDRESS CIT
S. 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, finds or prime name of registered agent and the if abolicable. INDITE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida. I am familiar with, and accept the part of registered agent, or both, in the State of Florida. I am familiar with and accept the part of registered agent, or both and accept the part of registered agent, or both and accept the part of regi
THE DOWN: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE PD CHACON, JAIRON SIREETADRISS 1318 NW 2ND STREET SUITE #5 CITY-S1-2P IIILE NAME CHACON, OSMAR CHACON, OSMAR SIREETADORESS CITY-S1-2P IIILE VD CHACON, MARIO CHACON, MARI
SICNATURE Signature, lyeed or prised name of regolared agent and Like # applicable. INOTE Registered Agent signature required when recreateding) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE CHACON, JAIRON SIREET ADDRESS CITY-ST-ZIP INTE CHACON, OSMAR SIREET ADDRESS CITY-ST-ZIP INTE CHACON, MARIO SIREET ADDRESS CITY-ST-ZIP INTE CHACON, MAR
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD
HITLE NAME CHACON, JAIRON SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE THACON, OSMAR SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE VD HAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE VD HAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE VD HAME SIREET ADDRESS CITY-ST-ZIP TITLE VD HAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-Z
NAME SIREET ADDRESS CITY-ST-ZPP MIAMI, FL 33125 INTLE MAME CHACON, JAIRON 1318 NW 2ND STREET SUITE #5 CITY-ST-ZPP CHACON, OSMAR 1318 NW 2ND STREET SUITE #5 CITY-ST-ZPP CHACON, OSMAR 1318 NW 2ND STREET SUITE #5 CITY-ST-ZPP CHACON, MARIO 1318 NW 2ND STREET SUITE #5
SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 ITTLE MAME CITY-ST-ZIP MIAMI, FL 33125 ITTLE MAME SIREET ADDRESS CITY-ST-ZIP ITTLE MAME SIREET ADDRESS CITY-ST
HITE T Delete TILE NAME STREET ADDRESS CITY-ST-ZIP VD CHACON, OSMAR STREET ADDRESS CITY-ST-ZIP VD CHACON, MARIO CHACON, MARIO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TILE VD CHACON, MARIO CHACON, MARIO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TILE NAME STREET ADDRESS CITY-ST-ZIP CHACON STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP
NAME SIREET ADDRESS CITY-ST-ZIP TITLE VD CHACON, MARIO SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 TITLE VD CHACON, MARIO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP MIAMI, FL 33125 CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP MIAMI, FL 33125 TITLE VD
NAME SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP
SIREET ADDRESS CHY-ST-ZIP ITHE NAME SIREET ADDRESS CHY-ST-ZIP TITLE NAME SIREET ADDRESS CHY-ST-ZIP
COTY-ST-ZIP MIAMI, FL 33125 CUY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TULE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TOTAL CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
ITILE Delete TILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TILE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CITY-ST-ZIP
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
TITLE TITLE TITLE TITLE TITLE TO Delete TITLE TO Change Addition NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP
NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP
CITY-S1-ZIP CITY-S1-ZIP
1 1 101016 = 1112 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TIFLE Delete TIFLE Change Addition
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP

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 of flustre-smoowered 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 a pldres of the empowered.

SIGNATURE:-

SIGNING OFFICER OR DIRECTOR

3/15/07 (3

305) 9758)39 Daylotte Phona #