

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90236 039 ***150.00

60002112



01102006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2263866** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DUNKLEY, LINDSAY~~
~~20325 SW 190 STREET~~
~~MIAMI, FL 33187~~

Name **CARMEN YAMILA FERNANDEZ**
Street Address (P.O. Box Number is Not Acceptable)

20325 S.W. 190th
City **MIAMI** FL Zip Code **33187**

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

01-10-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, CARMEN YAMILA 20325 SW 190 STREET MIAMI, FL 33187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

01-10-06 (305) 962 8967

Date

Daytime Phone #