2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 19, 2007 08:00 AM Secretary of State

(305)-821-71/1

Daytime Phone #

The Principal Place of Business Malance Address The North WE 13975 NW 164 TERRACE 1. PEI Number 1. Pop Booker parmed entry withmits this statement for the pluryose of changing its rigitative agency of registered agent, or both, in the State Official 1 am familiar with, and accepted the obligations agent. 8. The abover parmed entry withmits this statement for the pluryose of changing its rigitative agency of registered agent, or both, in the State of Florida. 1 am familiar with, and accepted the obligations agent. 8. The abover parmed entry withmits this statement for the pluryose of changing its rigitative agency of the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accepted the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accepted the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accepted the obligations of registered agent. 8. The abover parmed entry withmits this statement for the pluryose of changing its rigitative agency registered agent, or both, in the State of Florida. 1 am familiar with, and accepted the obligations agent. 8. The state of the obligations agent. 8. The Novell FEE IS \$150.00 9. Selection Campaign Financing The Added to Feet of Transfer of Transfer fund of the pluryose of the plury registered agent. 1. The Novell FEE IS \$150.00 1. Selection Campaign Financing The Added to Feet of Transfer of Transfer of Transfer fund of the Plury registered agent. 1. The Novell FEE IS \$150.00 1. Selection Campaign Financing The Added to Feet of Transfer of Tran		WILLIAM P			_	Jul 17, 2007 00:00 13	
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DO NOT WRITE IN THIS SPACE 4. FEI Namber 20-24 (0998 Applies Fol 20-24 (0998 In Applies Fol 20-24 (1998 In Applies Fol 20-24	13975 NW 6	S7TH AVE	13975 NW 67TH AVE				
MAURICI, ANTONINO 9178 NW 144 TERRACE HIALEAH GARDENS, FL 33018 B. 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 accretic be obligations of registered agent. SIGNATURE Symans, type to pured race of registered agent. NOTE Registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent. NOTE Registered Agent registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic be obligations of registered agent, or both, in the State of Florida. I am familiar with, and accretic beginning to both, in the State of Florida. I am familiar with, and accretic beginning to both, in the State of Florida. I am familiar with, and accretic beginning to both, in the State of Florida. I am familiar with, and accretic beginning to both, in the State of Florida. I am familiar with, and accretic beginning to both, in the State of Florida. I am familiar with, and accretic beginning to both, in the State of Florida. I am familiar with, and accretic beginning to both. In accordance with s. 807.193(2)(1),					07142007 4. FEI Numb 20-240	No Chg-P	
THE HONELE SIGNATURE Signature from or granted range or regressed again and the 1 applicable NOTE Registered Agent sprinture information of the composition did not receive the prior notice.	MAURICI, ANTONINO 9178 NW 144 TERRACE						
Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS INIT. P.S. MAURICI, GIUSEPPE 100000769571 CITY-ST-2F HALEAH, FL 33014 TOTAL THAILE AND	SIGNATURE						
INTE NAME NAME SIRRET ADDRESS CITY-ST-2F THE NAME STREET ADDRESS CITY-ST-2F THE NAME STREET ADDRESS CITY-ST-2F THE NAME STREET ADDRESS CITY-ST-2P THL NAME STREET ADDRESS CITY-ST-2P THL NAME STREET ADDRESS CITY-ST-2P THL NAME STREET ADDRESS CITY-ST-2P	To a Sing Contillation					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
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THLE NAME STREET ADDRESS CNY-ST-ZIP	NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME						
12. Thereby 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 supplier that report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or direct of the corporation or the receiver or trusted emonwhered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attachment with an observed.	THEE NAME STREET ADDRESS CHY+ST-ZIP	certify that the information supplied with this on this report or supplied that report is true poration or the received or flusted atmosws or on an attachment with an attachment.	s filing does not qualify for the exe le and accurate and that my signal produce execute this report as requi- part other tike empowered	empitons cofitaine ture shall have the red by Chapter 60	ed in Chapter 119 same legal effer 17 Fiorida Statute	9. Florida Statutes. I further certify that the information of as if made under eath, that I am an officer or director es, and that my name appears in Block 10 or Block 11 if	