## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCU 1. Entity Nar ALHAJA,		75			50	ecretary of Sta	
1 '	ce of Business H MIAMI AVENUE 33129	Mailing Address 1815 SOUTH MIAMI AVENUE MIAMI, FL 33129					
			<u></u>				
DO NOT WRITE IN THIS SPA			CE	01092007	No Chg-P	CR2E034 (11/05)	
			OL.	4. FEI Numbe 65-1248	•	Applied For Not Applicable	
				5. Certificate	of Status Desired	S8.75 Additional	
	6. Name and Address of Current Re	gistered Agent					
JIMENO, ELISA 1815 SOUTH MIAMI AVENUE			DO NOT WRITE				
MIAMI, FL 33129				IN T	THIS SP	ACE	
<u></u>							
8. The above the obligation	e named entity submits this statement for th tions of registered agent.	e purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and t	to Jacobook (NOTS Pageron	d Agent signature required	Lubenatti -at		DATE	
	Signature, typou or printed rating or registered againt and t					DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DIF	ECTORS					
TITLE NAME	D JIMENO, ELISA						
STREET ADDRESS	1815 SOUTH MIAMI AVENUE		J		מממממונ	τροφοτ	
TITLE	MIAMI, FL 33129				01/17/07-	588925 80091-016 150.00	
NAME						•	
STREET ADDRESS CITY-ST-ZIP	·		•		•		
TITLE			1				
NAME STREET ADDRESS		,	].	<b>DO</b>	NOT M	SITE	
CJTY-ST-ZIP				DO NOT WRITE			
TITLE NAME				IN T	'HIS SP	ACE	
STREET ADDRESS							
CITY-ST-ZIP	I						

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 adacting with an address, with all other like empowerest.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-09-07

Daytime Phone #