
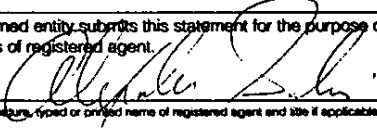
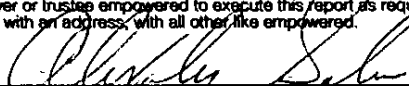


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90309 019 ***150.00

DOCUMENT # P05000052912			
1. Entity Name 13720 NW 27 AVENUE HOLDINGS, INC.			
Principal Place of Business 13720 NW 27 AVENUE MIAMI, FL 33054		Mailing Address PO BOX 160095 HIALEAH, FL 33016 US	
2. Principal Place of Business		3. Mailing Address 5391 W 20 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. DEPARTMENT OF STATE SUITE B	
City & State		City & State HIALEAH FL.	
Zip	Country	Zip	Country
33012	USA	33012	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANCISCO JOSE AGUERO, PA 2655 LE JEUNE ROAD 5TH FLOOR CORAL GABLES, FL 33134		Name ALEXANDER SARDINAS Street Address (P.O. Box Number is Not Acceptable) 5391 W 20 AVE # B City HIALEAH FL Zip Code 33012	
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: 		PRESIDENT DATE: 4/20/06	
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SARDINAS, ALEX 13720 NW 27 AVENUE MIAMI, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/20/06 305-826-8005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	