

\$ 150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02132007 Chg-P CR2E034 (12/06) 07

4. FEI Number
20-2946120
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ
1200 BRICKELL AVENUE
SUITE 860
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Peter m. Lopez
Street Address (P.O. Box Number is Not Acceptable)
1911 NW 150 Ave, Ste 201
City Pembroke Pines FL Zip Code 33028

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 D ☐ Delete
NAME NAFFAH, AMAD
STREET ADDRESS 1200 BRICKELL AVENUE SUITE 860
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NAFFAH, IMAD
STREET ADDRESS 1200 BRICKELL AVENUE SUITE 860
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME 900089281619
STREET ADDRESS 02/27/07--01001--013
CITY-ST-ZIP **400.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Director

Date

2/17/07

Daytime Phone #