

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90153 017 \*\*\*150.00

| <b>DOCUMENT # P05000074709</b><br>1. Entity Name _____<br><b>MONROE PAPER &amp; JANITORIAL SUPPLY, INC.</b>  |                  |                                 |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
|--|------------------|---------------------------------|---|---|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|--|---|------|------------------|--|------|--|--|----------------|------------------|--|----------------|--|--|---------------|----------------|--|---------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|---------------|--|--|---------------|--|--|
| Principal Place of Business<br><b>3800 SW 68TH AVE<br/>MIAMI FL 33155</b>  |                  |                                 | Mailing Address<br><b>3800 SW 68TH AVE<br/>MIAMI FL 33155</b>   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 2. Principal Place of Business   |                  | 3. Mailing Address              |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| Suite, Apt. #, etc.  |                  | Suite, Apt. #, etc.             |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| City & State   |                  | City & State                    |   | 4. FEI Number<br><b>14-1930381</b>  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| Zip  |                  | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERNANDEZ, ADAIL<br/>3800 SW 68TH AVE<br/>MIAMI FL 33155</b>   |                  |                                 |   | 7. Name and Address of New Registered Agent   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
|  |                  |                                 |   | Name  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
|  |                  |                                 |   | Street Address (P.O. Box Number is Not Acceptable)  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
|  |                  |                                 |   | City  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
|  |                  |                                 |   | State <b>FL</b> Zip Code  |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 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.<br>SIGNATURE  DATE <b>4/19/06</b><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>  |                  |                                 |   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                  |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PTSD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, ADAIL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3800 SW 68TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI FL 33155</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </tbody> </table> |                  |                                 |   |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | PTSD | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | HERNANDEZ, ADAIL |  | NAME |  |  | STREET ADDRESS | 3800 SW 68TH AVE |  | STREET ADDRESS |  |  | CITY- ST- ZIP | MIAMI FL 33155 |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  | CITY- ST- ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  | PTSD             | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   | HERNANDEZ, ADAIL |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   | 3800 SW 68TH AVE |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  | MIAMI FL 33155   |                                 | CITY- ST- ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   |                  |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  |                  |                                 | CITY- ST- ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   |                  |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  |                  |                                 | CITY- ST- ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| TITLE  |                  | <input type="checkbox"/> Delete | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| NAME   |                  |                                 | NAME  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| STREET ADDRESS   |                  |                                 | STREET ADDRESS  |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| CITY- ST- ZIP  |                  |                                 | CITY- ST- ZIP   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                  |                                 | Date <b>4/19/06</b> Daytime Phone # <b>305-805-2390</b>   |   |   |                            |  |  |   |  |  |       |      |                                 |       |  |   |      |                  |  |      |  |  |                |                  |  |                |  |  |               |                |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |               |  |  |               |  |  |