## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2007 08:00 AN Secretary of State

1. Entity Nar	MENT # P050000897	756		-		Secreta	ry of St
Principal Plat 18230 SW 2 MIAMI, FL 3		Mailing Address 18230 SW 228 STREET MIAMI, FL 33170 US					
DO NOT WRITE IN THIS SPAC  6. Name and Address of Current Registered Agent				01112007 4. FEI Numb 20-306		CR2E034 (11,	Applied For Not Applicable
	RAQUEL B / 228 STREET . 33170	DO NOT WRITE IN THIS SPACE					
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  Signalize, Nood or printed rights of registered agent and tide if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  UD000604497							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00			00 May Be ed to Fees	01/29/07-	-80056-014	150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P,VP DAVILA, RAQUEL B 18230 SW 228 STREET MIAMI, FL 33170 SEC DAVILA, DALIA 18230 SW 228 STREET MIAMI, FL 33170	RECTORS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		•			NOT W THIS SF		
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE		•					-
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby continuous	certify that the information supplied with thi	s filing does not quality for the exe	emptions contained	in Chapler 11	9. Florida Státules, I	further certify that I	he information
12. I hereby certify that the information supplied with this filling 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 document 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 PRIN	TED NAME OF SIGNING OFFICER OR DIRECT	ron .		Dage	Daytime Pho	ne #