2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)	• •	<u> </u>			FIJ	LED	
1. Entity Nam	MENT # P050000923	90					Apr	· 30, 20 Secreta		8:00 A State
Principal Place of Business 15231 SW 80 ST #204 ' MIAMI FL 33193		Mailing Address 15231 SW 80 ST #204 MIAMI FL 33193								
2. Principal Placo of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc		Suite, Apt. #. etc				1st MOORE CR2E034 (10/06)				
City & State		City & State			4. FEI Numb	^{or} 20-3094	1744		pplied For lot Applicable	
Zıp	Country	Zıp	Coun	try			of Status Dosin	ca 🗀	\$8.75 Ad Fee Require	
	6. Name and Address of Current	t Registered Agent	Name		7. Name and Address of New Registered Agent					
152	RBA, ENRIQUE 31 SW 80 ST #204 .MI FL 33193			ross (F	(P.O. Box Number is Not Acceptable)					
				Cily			·	FL	Zip Cod	do
	named entity submits this statement from sof registered agent.	or the purpose of changing its	registere	ed office or re	gistere	ed agent, or bo	th, in the State o	of Florida. I am i	lamiliar with	, and accept
SIGNATURE .	Signature, typerflox printed name of registored agen	Land tiffeir applicable, (NOTE	, Registere	d Agent signature i	recoursed :	when reinstating)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of							ampaign Financi I Contribution.	_	.00 May Be led to Fees
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 11
NAME STREET ADDRESS CIFY: \$1-71P	P BORBA, ENRIQUE 15231 SW 80TH ST #204 MIAMI FL 33193	☐ Delete		I .			U0: 05/16.	000074492 /07-80008	□ Change 20 3-009 1	□ Addition
NAME STREET ADDRESS CHY-SE-7P		□ Delete		ļ	1 was				Change	Addition
TITLE NAME. STREET ADDRESS CTEY-ST-71P		□ Delete	2	1					☐ Change	Addilion
TITIF NAME STREET ADDRESS CITY: ST-ZIP		☐ Delete		1					☐ Change	Addilion
THUE NAME SHILL ADDRESS CITY-SI-ZIP		☐ Delete					,,		□ Change	Addilion
HITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I					☐ Change	Addition
indicated of the co	cortify that the information supplied will on this report or supplemental report or supplemental report reporation or the receiver or trustee emed, or on an attachment with an addre	is true and accurate and that na powered to execute this repor	ny signa t as requ	ture shall hav	o the s	samo legal effo	ct as if made ur	ider oath: that I a	am an office	er or director

SIGNATURE: ______ EMPLOYER BORBA 4/28/07 305-28/5/77