2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90034 020 ***150.00

DOCUMENT # P05000101264 1. Entity Name TALLERES, CORP.							04-12-2007	70054 020	130		
Principal Place of Business 808 BRICKELL KEY DR # 1602 MIAMI, FL 33131		Mailing Address 808 BRICKELL KEY DR # 1602 MIAMI, FL 33131		·		58107	\$06 11046 0080£ 11080 1		i e i il 1 i i l		
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03282007	Chg-P	CR2E034	(12/06)		
City & State		City & State				4. FEI Number 20-3181		· · · · · · · · · · · · · · · · · · ·	Not	Applicable	
Zip	Country	Zip				5. Certificate of	of Status Desired		3.75 Addi e Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
JAIMOVICH, FELIX 808 BRICKELL KEY DRIVE, #1602 MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)							
				City		···		FL	Zip Code		
the obligati	named entity submits this statement for some of registered agent.	or the purpose of changing its	s registere	ed allice or re	egister	ed agent, or both	n, in the State of Fi	lorida. I am fam	niliar with, a	and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	(NO) standard department (NO)	TE Registered	d Ageni signature	геципеа	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con		ncing	\$5 . Adde	00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS					ADDITIONS/0	CHANGES TO OF				
NAME SIREET ADDRESS CHY-ST-ZIP	· ·			E ET ADDRESS	808 17 i 41		. Key J 4 3/3/	_	Change	Addilion	
fitle Name Street address City-St-Zip				I	Change Addition 308 BRICKELL KEY JRIVE # 1602 714n) FL. 38181						
TITLE NAME STREET ADDRESS CITY ST ZIP	DT JAIMOVICH, FELIX 18851 NE 29TH AVENUE, STE AVENTURA, FL 33180	Delete		ET AUDRESS	808 ni4	Bei ckei ni Fz.		drive #	Change /602	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	1	-	,			С	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .				C	□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete		1				[_) Change	Addition	
12. I hereby of indicated	certify that the information sapplied wi on this report or supplemental report	in this filing does not qualify to is true and accurate and that	or the exe my signa	emptions con ture shall hav	ntained ve the s	in Chapter 119 same legal effect	, Florida Statutes t as if made under	I further certify oath; that I am	that the in an officer	formation or director	

of the corporation or the receive or trustee empor changed, or on an attachment with an addless

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR