2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

Print of Brace of Business 4601 SW 154 CT. MIAMI, FL 33185 US April #, etc Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name GONZALEZ, PETER 4601 SW 154 CT MIAMI, FL 33185 City FL 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 and like if applicable. (NOTE Registered Agent signature required when registating) OATE
4601 SW 154 CT. MIAMI, FL 33185 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address Applied For Not Applied
2. Principal Place of Business 3. Mailling Address Suite, Apt. #, etc. 03282006 Chg-P CR2E034 (11/05) City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name GONZALEZ, PETER 4601 SW 154 CT MIAMI, FL 33185 City FL 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. SIGNATURE
Suite, Apt. #, etc. Suite, Apt. #, etc.
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City & State City & State City & State City & State 4. FEI Number 74 - 3149663 Not Applied For Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name GONZALEZ, PETER 4601 SW 154 CT MIAMI, FL 33185 City FL 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. SIGNATURE
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, PETER 4601 SW 154 CT MIAMI, FL 33185 City FL 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. SIGNATURE SIGNATURE
Country Zip Country Status Desired Status Desir
6. Name and Address of Current Registered Agent GONZALEZ, PETER 4601 SW 154 CT MIAMI, FL 33185 City FL 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. SIGNATURE
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4601 SW 154 CT MIAMI, FL 33185 City FL 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. SIGNATURE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3 29 06
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the obligations of redistand agent. SIGNATURE 3/29/06
3/29/06
FILE NOW! FRE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 fee will be \$550.00 Trust Fund Contribution. Added to Fees
10. V OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 WILE P
THLE P Delete TITLE Change Addition NAME GONZALEZ, PETER NAME
STREET ADDRESS 4601 SW 154 CT STREET ADDRESS
CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP
TITLE Delete TITLE Change Addition NAME NAME
STREET ADDRESS STREET ADDRESS
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CITY-ST-ZIP CITY-ST-ZIP
11TLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
CITY-ST-ZIP 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 contains are unplifted and the respective and that my singular shall have the same legal effect as if made under each that have an efficiency or director.

I hereby verify the indicated on this report or supplementary of the corporation or the receiver or trusted changed, or on an attachment with an adrue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director reged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

3/29/06