FILED Jul 05, 2006 8:00 am Secretary of State 07-05-2006 90003 008 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

# 806 BOCA RATON, FI 2. Principal Place ************************************	SERVICES BLVD. L 33432	Mailing Address 280 SE MIZNER SERVICE: # 806	'S BLVD.		dhhain	, -	
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BOCA RATON, FI 2. Principal Place Solite, Apt. #. 6 FF 800 City & State							
80 S F Suite, Apt. *, 6 F 806 City & State		# 806 BOCA RATON, FL 33432 BOCA RATON, FL 33432				 	TERI C ITTI
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	erg.	Suite Agt. #, etc.		07032006	Chg-P	CR2E034 (11/05)	
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33432	Country A	33432	WIS A	5. Certificate	ol Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re		
280 SE MIZN # 806	PEZ, MARIA DEL IER SERVICES BLVD. N, FL 33432		Name RA	SS (P.O. Box Numb	OPEZ er & Noi Acceptable 1/2/VE	MARIA D Q BLUO FL 23°2	DEL
. The above na	med entity submits this statement to	t the numose of changing its re	egistered office or regi	stered agent or bo	th, in the State of Flor	<u> </u>	755
the obligations	s of registered agent.	to to posposo or or any igning no re	Agusto de la companya	sales agoin, or oo	or, ar are educe or rich	nde. Fair Romana mon	and accept
SIGNATURE	nature, typed or printed name of registered agent	and the diapplicable (NOTE: F	Registered Agent signature req	ured when reinstating)		DATE	
	NOWIII FEE IS \$150.00 by September 6, 2006	9. Election Campaigr Trust Fund Contrib	· '	\$5.00 May Be Added to Fees	In accordance w corporation did r	ith s. 607.193(2)(b), not receive the prior i	F.S., the notice.
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
	, V :ARMEN LOPEZ, MARIA DEL	Oelete	TITLE		,	☐ Change	☐ Addition
	80 SE MIZNER SERVICES BLV	/D. # 80	NAME STREET ADDRESS	80 SE	HIZNE,	R BLUD FL 334	#180%
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STREET ADDRESS CITY-ST-ZIP 12. I hereby cert indicated on of the corpor	tify that the information supplied with this report or supplemental report is ration or the receiver or trustee empor on an attachment with an address.	this filing does not qualify for true and accurate and that my owered to execute this report as with all other like amounts.	the exemptions contain y signature shall have to s required by Chapter	ined in Chapter 11: the same legal effer 607, Florida Statute	9, Florida Statutes, I ct as if made under o es; and that my name	further certify that the i eath; that I am an officer appears in Block 10 o	nformation or director or Block 11 if
STREET ADDRESS CITY-ST-ZIP	this report or supplemental report is ration or the receiver or trustee empore on an attachment with an address, the supplemental report is a supplemental report is reported by the supplemental	n this filing does not qualify for s true and accurate and that my owerful to execute this report a withful other like empowered.	the exemptions containy signature shall have to s required by Chapter	ined in Chapter 11: the same legal effer 607, Florida Statute	9. Florida Statutes. I ct as if made under o	eath; that I am an officer e appears in Block 10 o	information r or director or Block 11 if

ATTACHMENT

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Make check payable to Florida Department of State.

Check must be payable in United States Funds and through a U

Submit report with a separate check for each filing.

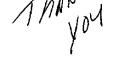
Changes must be typed or printed in ink and legible.

Sign report in block 12.

The fee to file the profit and please add and IMPORTANT INSTRUCTIONS

Check must be payable in United States Funds and through a United States Bank.

- * The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- * Please complete block 4 by providing your Federal Employer Identification (FEI)



- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.
- If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4 If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1040.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only one certificate can be issued at the time of the report filing.
- Block 6. he law requires that each entity have a Registered Agent with a Fforida street address. If the information in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a <u>Florida Street address</u>. A P.O. Box or mail service (PMB) is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Block 7.
- Block 8. The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. NOTE: Registered agent signature required when reinstating on this form.
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filling fee
- Block 10. Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. Please do not make any marks in Block 10 unless deleting an officer, corrections or additions are to be made in Block 11.
- Block 11 is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P-President; V-Vice President; T=Treasurer, S-Secretary, D=Director, C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: if officer or director's address is confidential pursuant to Chapter 119, Florida Statutes, an alternate address must be provided. Officers/Directors must Block 11. provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.
- This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if a change, or on an attachment. If Block 12. the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail completed report to:

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500 **Courier Address** (overnight delivery) Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

CR2E034 (11/05)