2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al te

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DOCUMENT # P05000147224 1. Entity Name ERNESTO OROZCO, P.A.:				Secretary of Sta			
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Principal Plac	e of Business	Mailing Address	. 21	1	1		
3141 SW 14 MIAMI, FL 3	O AVENUE SERVICE SERVI	,3141 SW 140 AVENUE MIAMI, FL 33175		****	` · · · · · · · · · · · · · · · · · · ·	enter o per visit marrier i a servicio de la composició d	. Warms about .
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		IN LAID STA	맛도 , * 12 년 43 년	4. FEI Numb 55-091			ed For pplicable
				.5. Certificate	of Status Desired	S8.75 Addition	nal
	6. Name and Address of Current Re	gistered Agent	Q1-38-10-15	N. 20 183		Carlos Da Origin	1, 80, 707
	ERNESTO 140 AVENUE 33175				NOT W THIS SP	* * * * * * * * * * * * * * * * * * *	
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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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE -	Comments and the Comments of t	A Company of the Company	'				
SIGNATURE:	Signature, typed or printed name of registered agent and	litle if applicable (NOTE: Register)	id Agent signature required	when reinstating)		DATE	
3 n 1 +1 2, 107	s Bullioro	Fig. Notice 2	·		 -		
FILE NOW!!! FEE IS \$150.00 -9. Election Campaign Financing							
10.	OFFICERS AND DIF	RECTORS				Section, mention in the court.	1 24
TITLE	PD .	•					
NAME	OROZCO, ERNESTO						13.5
STREET ADDRESS	3141 SW 140 AVENUE	,					Rafi (
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CITY-ST-ZIP			·	· DO:	NOT W	KIIE	
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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 accurate 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 offer like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #