2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 8:00 am Secretary of State

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SUBJOURN 1954 HST 33016 MAMM LAKES, FL 33016 MAMMM LAKES, FL 33016 MAMMM LAKES, FL 33016 MAMMM LAKES, FL 33016 MAMMM LAKES, FL 33016 MAMMMM LAKES, FL 33016 MAMMMM LAKES, FL 33016 MAMMMMM LAKES, FL 33016 MAMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	1. Entity Nam				04-14-2006	90127 045	***15	8.75		
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FERNANDEZ, MANUEL 8004 NV 154TH ST #3322 MIAMI LAKES, FL 33016 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorda. 1 am familiar with, and accept the obligations of registered agent. **FILE NOW!!! FEE IS \$150.00 **After May 1, 2006 Fee will be \$500.00 **Deficies And Directors 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Inter Make SIRET ADDRESS CITY-ST-2P** 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Inter Make SIRET ADDRESS CITY-ST-2P** 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Inter Make SIRET ADDRESS CITY-ST-2P** 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Inter Make SIRET ADDRESS CITY-ST-2P** 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Inter Make SIRET ADDRESS CITY-ST-2P** 17. ADDITIONS/CHANGES CITY-ST-2P** 17. ADDITIONS/CHANGES CITY-ST-2P** 17. ADDITIONS/CHANGES CITY-ST-2P** 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Inter Make SIRET ADDRESS CITY-ST-2P** 17. ADDITIONS/CHANGES CITY-ST-			Registered Agent	Nome		7. Name and	Address of New R	egistered Agen	t	
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12. I hereby certify that the information supplied with this filing 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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysime Pri

784-229-3955