## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 26, 2007 8:00 am Secretary of State 04-12-2007 90019 039 \*\*\*150.00

1. Entity Nam	e	# P0600040		ļ				130.00		
Principal Place of Business Mailing Address										
19339 \$W 1 Miami, FL 33			19339 SW 118 PL MIAML FL 33177			]				
MUAMI, FL 3.	3177		auroni, I E. 33177		. 4 19 811 411 111		ewn alth en	f <b>a</b> f <b>a</b> m <b>(986</b> ) si	ani i ah	
2. Principal P	lace of Busi	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04092007	Chg-P	CR2E03	34 (12/06)	
City & State			City & State			4. FEI Numb	42-169	7338	? <del>    ^</del>	optied For ot Applicable
Zip	Country		Zip Coun		ılry	5. Certificate	of Status Desired		\$8.75 Ad	litionet
	6. Name	and Address of Current				7. Name and	Address of New Ru	gistered A	gent	
PERSAUD	RAVINA		Name							
19339 SW MIAMI, FL	118 PL	•	Street Addre			P.O. Box Numb	er is Not Acceptable)			
				City			FL	Zip Cod	e	
8. The above	named entit	y submits this statement fo	 ed office or register	red agent, or bo	th, in the State of Flor		! amiliar with,	and accept		
<ol> <li>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.</li> </ol>										
SIGNATURE.	Soneure, types	or princed name of requipment agent	id Agent eigneture required	1 =han renspared	<del></del>	DATE		<del></del>		
FILE NOW!!! FEE 1S \$150.00 9. Election Campaign Financing \$5.00 May 8e  After May 1, 2007 Fee will be \$550,00 Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND		ADDITIONS	CHANGES TO OFFIC	CERS AND	DIRECTOR	S (N 11		
BILE	PD		Delete	11. 111.					☐ Change	Addition
STREET ADDRESS	PERSAU 19339 SV	D, RAVINA		HAA	E ET Address					
CITY-ST-ZIP	MIAMI, FI	=	T T		-SI-DP					
DILE	VPD Delete Bit				Ε				Change	Addition
NAME STREET ADDRESS	PERSAU 19339 SV	D, ROOPESH		NAM	E ADDRESS					
CITY-ST-ZP	MIAMI, FI				-ST-ZP					1
TILLE	☐ Cedeste 11.71								Change	☐ Addition
NAME STREET ADORESS	750				EET ADORESS					
017Y-51-20P					-SI-20P					
DILE			☐ Delete	M	_				☐ Change	Addition
STREET ADDRESS				NAM	ET ADORESS					ļ
CITY-SI-20°				4	-ST-ZP					
NTLE	<u> </u>		☐ Delete	ານ	4				Change	☐ Addition
STREET ADDRESS	1			NAN STR	ET ADDRESS					
CITY-ST-ZP				4	-51-2P					1
TITLE	<u> </u>		☐ Delete	าก	E				Change	Addition
NAME CTREET + DEDOCCE	ł			NA.	E ET Address				-	
STREET ADDRESS CITY+ST+ZIP	<b>[</b>				-SI-ZP					
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 eath; 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.										
SIGNAT	URF.	12					4/10/07	30	5-234	-0239
		SIGNATURE AND TYPES OR I	TRAITED NAME OF SIGNING OFFICER	OR DUREC	TOR		/ forte	0=	vierne Flyrme 4	