2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 18, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P06000058			04-18-2007 90185 023 ***150.00		
Principal Plac	ea of Business	Mailing Address		- .		
		•	- ACHOEA			
		5730 WEST 14 COURT		40067954		
HIALEAH, FL 33012 HIALEAH, FL 33012			•	100		
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2. Principal P	face of Business - No P.O. Box #	3. Mailing Address			HII	
•				אן השושוג הרופו נאינם ושיחו ושוות נמוסת ווושה ווושה ווומה הווות הוובה גור וסמווקתו ר	ind)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152007 Chg-P CR2E034 (12/06)		
€ State		City & State		4. FEI Number Applied Not Applied Not Applied		
Z'ο	Country	Zip	Country	5 Contilinate of Status Denised S8.75 Additions		
				5. Certificate of Status Desired Fee Required	1	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent		
			Name			
GOMEZ, LISSETTE			<u> </u>	Stock Address (D.O. Day Number in New Associable)		
5730 WEST 14 COURT			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH, FL 33012						
			City	FL Zip Code		
8 Top above	named entity submits this statement for	or the ourness of changing its	remistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and	accept	
	tions of registered agent.) The purpose of changing its	registered office of registe	ered agent, or both, in the state of honda. I am familiar with, and t	accept ,	
•) Ou /		11-15 07)	
SIGNATURE.				4-15-07		
	Signature, typed or printed name of confered agent	and title if policable (NOT	E Regis ered Agent signature require	ed when (einstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont		5.00 May Be Ided to Fees	,	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	PVTS		TITLE		Addition	
NAME	ARIAS, MANUEL	☐ Delete	NAME	Спану с	Audition	
STREET ADDRESS	5730 WEST 14 COURT		STREET ADDRESS			
CTV-57-272	HIALEAH, FL 33012		CITY-ST-ZIP		-	
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TILL	}	☐ Delete	TITLE	☐ Change ☐	Addition	
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	HIALEAH, FL 33012				{	
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CITY-ST-ZIP			CITY-ST-ZIP			
E.M.E	<u> </u>	Delete	TITLE	. Change	Addition	
24AE	[NAME		ļ	
SEETC, TEVET	† }		STREET ADDRESS		ĺ	
: · ·	<u> </u>		CITY-\$T-ZIP			
12. hereby	certify that the information supplied wit	h this filing does not qualify fo	or the exemptions containe	ed in Chapter 119, Florida Statutes. I further certify that the informer same legal effect as if made under oath; that I am an officer or di	ation	
indicated		v ir ia ann accurata ann that i	ny vianatiira chall haya iha	a carrier langue ettern as u miane undet dath; that I am an Allicet Of di	reciol t	
of the co	rporation or the receiver or trustee emp	lowered to execute this report	as required by Chapter 60	07, Florida Statutes; and that my name appears in Block 10 or Block	k 11 il	
of the co changed	rporation or the receiver or trustee emp , or on an attachment with an address,	lowered to execute this report	as required by Chapter 60	37, Florida Statutes; and that my name appears in Block 10 or Block 15 (305)	k 11 if	