2007-FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 8:00 am Secretary of State

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, JOSE I 5471 W 9TH CT HIALEAH, FL 33012	Applied For Not Applicable Additional quirad Code with, and accept
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Re 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 6. 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 the obligations of registered agent. 7. Name and Address of New Registered Agent Peach Address (P.O. Box Number is Not Acceptable) 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent, or both in the State of Florida. I am familiar the obligations of registered agent, or both in the State of Florida. I am familiar the obliga	Not Applicable Additional quired Code with, and accept
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that 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 path; that I am an of 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 changed, or on an attachment with an address, with all other like empowered. President	ficer or director
SIGNATURE: Jose Garcia 1-11-01 JOS-9- BIGHATURE AND TYPED OR PRINTED NAME OF BIONNING OFFICER OR DIRECTOR Dame Down Downer Pro	