2007 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Apr 06, 2007 8:00 am Secretary of State				
1. Entity Nan	MENT # P0600009			04-06-2007 90035 029 ***150.00						
Principal Plac 11658 N. K. MIAMI, FL 3		Mailing Address 11658 N. KENDALL DR. MIAMI, FL 33176			đ M A A A A A A A A A A A A A A A A A A					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			04042007	Chg-P		034 (12/06)		
City & Stal	le	City & State			4. FEI Numb	98-050	370	29 AI	plied For of Applicable	
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Currer		Name	7. Name and	Address of New R	egistered	Agent			
GRIBORIO, NIEVES 11658 N. KENDALL DR. MIAMI, FL 33176				Street Address (F	P.O. Box Numb	er is Not Acceptable)			
				City	FL Zip Code					
	e named entity submits this statement ations of registered agent.	for the purpose of changing it	ts registere	ed office or registere	ed agent, or bo	th, in the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered age	ni and title if applicable. (NC	DTE: Registered	Agent signature required	when reinstating)		DATE			
	LE NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550	9. Election Camp 1.00 Trust Fund Cor			00 May Be ed to Fees					
10.	OFFICERS AN		11.		ADDITIONS	CHANGES TO OFF	ICERS AN			
itle IAME Street Address Sty-St-Zip	MORILLO, JORGE 11658 N. KENDALL DR. MIAMI, FL 33176							🗌 Chànge	Addition	
ITLE IAME STREET ADDRESS STITY-ST-ZIP	VP Delete GRIBORIO, NIEVES 11658 N. KENDALL DR.			-				Change	Addition	
ITLE IAME TREET ADDRESS ITTY-ST-ZIP	MIAMI, FL 33176 GMT Delete MORILLO, ISABEL -11858 N. KENDALL DR. MIAMI, FL 33176		TITLE NAME STREE		🗋 Change 🛄 Add			Addition		
ITLE IAME ITREET ADDRESS ITTY-ST-ZIP	MNG Delete MORILLO, MARIA 11658 N. KENDALL DR. MIAMI, FL 33176				🗋 Change 🗌 Addi			Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORILLO, JUAN 11658 N. KENDALL DR.				🗋 Change 🔲 Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete						Change	Addition	
indicated of the co	certify that the information supplied w d on this report or supplemental report proration or the receiver or trustee em d, or on an attachument with an address	is true and accurate and that powered to execute this repo	t my signat rt as requir	ure shall have the s	ame legal effect	t as if made under c	bath: that I	am an officer	or director	