

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90022 017 \*\*\*150.00

40125984



07162007 Chg-P CR2E034 (12/06)

4. FEI Number **20-5323400** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PEREZ, ROLANDO  
11501 NW 2ND STREET  
102  
MIAMI, FL 33172

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, ROLANDO	
STREET ADDRESS	11501 NW 2ND STREET	
CITY - ST - ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCES-BOUZAT, JEAN L	
STREET ADDRESS	JORGEOL # 2 CALLE VIGIA, CASA 204	
CITY - ST - ZIP	PAMPATAR MARGARITA ISLAND, MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 reports 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

**ROLANDO PEREZ / Pres.** 7/16/07. 786-5124206

Date Daytime Phone #