2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000105474

FILED Mar 02, 2007 8:00 am Secretary of State 03-02-2007 90005 048 ***150.00

1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	pplied For ot Applicable ditional ad
Suite, Apt. #, etc. Suite, Apt. #, etc.	pplied For ot Applicable ditional ad
City & State A. FEI Number 20 — 5367698 No. Certificate of Status Desired Status Desired Status Desired Status Desired Name Plauri A. Divero Streel Address of New Registered Agent City A. Streel Address (P.O. Box Number is Not Acceptable) 227 12 S. W. 103 C.T City M. Mullipoolule CR2E034 (1206) A. FL Zip Cov 331	pplied For or Applicable ditional ad
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Ad Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, LAUDELINA 22712 SW 103 CT MIAMI, FL 33190 City City Human FL Zip Country 5. Certificate of Status Desired 1. Status De	ot Applicable ditional ad
Zip Country Zip S. Certificate of Status Desired See Require 6. Name and Address of Current Registered Agent GARCIA, LAUDELINA 22712 SW 103 CT MIAMI, FL 33190 City Country 5. Certificate of Status Desired See Require 7. Name and Address of New Registered Agent Name Mauria A. Divero Street Address (P.O. Box Number is Not Acceptable) 22712 S. W. To Acceptable) 22712 S. W. To Acceptable) 31	ed (
GARCIA, LAUDELINA 22712 SW 103 CT MIAMI, FL 33190 Name Plauria A. Rivero Street Address (P.O. Box Number is Not Acceptable) 22712 S. W. 103 CT City H. Onu FL 331	90
GARCIA, LAUDELINA 22712 SW 103 CT MIAMI, FL 33190 City City City Marci FL 331	90
City FL 33190	90
Mi anui	90
8. The shave named actify submits this statement for the purpose of changing its recipitored office or recipitored agent or both in the State of Elevide. Low families with	and ac
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. Tain familiar with the obligations of registered agent. SIGNATURE ARTICLE ARTICLE.	and accept
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 11
IIILE P Delete TITLE Change NAME RIVERO, MAURIA A NAME NAME STREET ADDRESS 5247 SW 153 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-ZIP	Addition
TITLE S □ Delete TITLE □ Change NAME RIVERO, ARCENIO F NAME STREET ADDRESS STREET ADDRESS 5247 SW 153 AVE STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33185 CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-S1-ZIP Change Change Change	Addition I
TITLE TITLE TITLE Change NAME STREET ADDRESS CITY-S1-ZIP TITLE CHANGE CTY-S1-ZIP TITLE CHANGE CHANG	☐ Addition
TITLE Delete TITLE Change NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	Addition

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 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.

3/30/07