2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000108773



FILED May 02, 2007 8:00 am Secretary of State

1. Entity Name F.L. ASSEMBLING INC								05-02-2007 90109 037 ***150.00					
Principal Place of Business 155 SW 76 CT. MIAMI, FL 33144			1	Mailing Address 155 SW 76 CT. MIAMI, FL 33144				4010101a					
Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03232007	Chg-P	CR2E	034 (12/06)		
City & State				City & State				4. FEI Numb	908438		h	oplied For ot Applicabl	
Žip ~	Country			Zip	ntry						ditional		
	6. Name	and Address of Co	urrent Regis	tered Agent	- 	7. Name and Address of New Registered Agent							
						Name							
PORTAL, LUIS R. 155 SW 76 CT.						Street Add	dress (P.O. Box Numb	er is Not Acceptable	e)			
MIAMI, FL 33144													
			City				FI	Zip Cod	е				
	named entity tions of regist		ment for the p	ourpose of changing it	s register	ed office or re	egister	ed agent, or bo	th, in the State of Flo	orida. I an	n familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registere	ed agent and title	of applicable. (NO	TE: Regisleri	ed Agent signature	required	when reinstating)		DATE			
		FEE IS \$150.0 7 Fee will be \$		9. Election Campa Trust Fund Con				.00 May Be ed to Fees					
10.	OFFICERS AND			D DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	
TITLE	PSTD			☐ Delete	TITL	.E					☐ Change	Addition	
NAME	PORTAL, LUIS R.				AE								
STREET ADDRESS 155 SW 76 CT.					STR	EET ADDRESS							
CITY-ST-ZIP	Y-ST-ZIP MIAMI, FL 33144			37.1. 3.3.1. 3.1.1.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4.1.	/-ST-ZIP								
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NAME				☐ Delete	NAM						☐ cuange		
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP	1				CIT	r-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 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.

SIGNATURE