

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90072 001 ***158.75

40013300



01302007 Chg-P CR2E034 (12/06)

4. FEI Number **51-0605200** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SPRINGER, ROBERT H. ESQ.~~
~~2290 TENTH AVE N~~
~~STE 406~~
~~LAKE WORTH, FL 33461~~

7. Name and Address of New Registered Agent

Name **MARIO GUILLAMA**
Street Address (P.O. Box Number is Not Acceptable)
4369-D CANAL 8 RD
City **WEST PALM BEACH** FL **33406**

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 *[Signature]* **MARIO GUILLAMA VICE PRESIDENT** **FEBRUARY 2, 2007**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE President	<input type="checkbox"/> Delete
NAME D	
STREET ADDRESS ARRIAZA-SALGUERO, CELESTINO	
CITY-ST-ZIP 4371 CANAL 8 RD - APT B	
W PALM BEACH, FL 33406	
TITLE D	<input type="checkbox"/> Delete
NAME GUILLAMA, MARIO	
STREET ADDRESS 4369-D CANAL 8 RD	
CITY-ST-ZIP W PALM BEACH, FL 33406	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *[Signature]* **Mario Guillama**
VICE PRESIDENT-DIRECTOR

561-935-1503
FEBRUARY 2, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #