2007 FOR PROFIT CORPORATION

FILED Jun 21, 2007 8:00 am

Control Cont	ANNUAL REPURI					Secretary of State					
STOP N HACENDA CLEWSTON, FL 33440 Superance No Prol. Box # 3. Mailling Address Subject April Apr	1. Entity Name					•		•			
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & City City FL City FL City FL City C	670 N HACIE	NDA	670 N HACIENDA			, contract the		B/B B/B / B (BB/ B)	. ri ž n v i		
City & State City & City & State City & State City & State City & State City & City & State City & City & State City & Ci	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
20	Suite, Apt. #, etc.		Suite, Apt. #, etc.			06132007	Chg-P	CR2E034 (1	2/06)		
Country	City & State		City & State					<u>ح</u>			
Name	Zip	Country	Zip	Country				□ \$8.7	'5 Add	litional d	
HERNANDEZ, GEOVANN Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent			
STREET ADDRESS OFFI-ST-2P OFFI-ST-2P STREET ADDRESS OFFI-ST-2P STREET AD	HERMANDEZ CEOVANNII			Name							
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 laminar with, and accept the obligations of registered agent and price agent	670 N HAC	CIENDA		Street Add	ress (P.O. Box Number is Not Acceptable)						
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 flamiliar with, and accept the obligations of registered agent. Signature	CLEVVSIC	NY, FL 33440			_						
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forlida. I am familiar with, and accept the neodigations of registered agent. Signature Specimen sprace or inspitement agent and time it applicable. (NOTE Registered Agent agraiture required when rendstance) DATE	r			City	•			FI Z	ip Code	e	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD HERNANDEZ, GEOVANNI 670 N HACIENDA CLEWSTON, FL 33440 171-ST-2IP TITLE STD MAME GONZALEZ, JUAN V STREET ADDRESS CITY-ST-2IP TITLE NAME STREET	the obligat	ions of registered agent.					i, in the State of F		r with,	and accept	
TITLE MAME HERNANDEZ, GEOVANNI 670 N HACIENDA CLEWSTON, FL 33440 TITLE MAME MARTINEZ, JOSE M 670 N HACIENDA CLEWSTON, FL 33440 TITLE MAME MARTINEZ, JOSE M 670 N HACIENDA CLEWSTON, FL 33440 TITLE MAME MARTINEZ, JOSE M 670 N HACIENDA CLEWSTON, FL 33440 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADD	9. Election Campaign Financing \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the Properties of the prior potion										
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP MARTINEZ, JOSE M GON HACIENDA CLEWSTON, FL 33440 TITLE MAME STREET ADDRESS CITY-ST-ZIP MARTINEZ, JOSE M GONZALEZ, JUAN V GONZALEZ GONZALEZ GONZALEZ GONZA		T		i -		ADDITIONS/C	HANGES TO OF	FICERS AND DIRE	CTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	HERNANDEZ, GEOVANNI 670 N HACIENDA	☐ Delete	NAME STREET ADDRESS				□ ¢	hange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE STD GONZALEZ, JUAN V 670 N HACIENDA CLEWSTON, FL 33440 TITLE NAME GONZALEZ, JUAN V 670 N HACIENDA CLEWSTON, FL 33440 TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C	hange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREET ADDRESS				□ c	hange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		_		□ c	hange	☐ Addition	
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	NAME STREET ADDRESS CITY-ST-ZIP	odili, thou the information and it		NAME STREET ADDRESS CITY-ST-ZIP					-	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.

SIGNATURE: _

Daytime Phone #