2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)								FILED				
DOCU t. Entity Nam TERRATE	ne	# P28656			The state of the s			Aug 0 Sec	7, 200 cretar	)7 08: y of S	00 Al tate	
Principal Place of Business 14918 SW 104 ST UNIT 37 MIAMI FL 33196 US			Meiling Address 14918 SW 104 ST UNIT 37 MIAMI FL 33196 US									
Principal Place of Business - No PÖ. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.						ODOD.			
City & State			City & State				<b>V</b>	nd MOORE 65-0173627		34 (4/07) Ap	plied For	
Zip		Country	Zıp		Country	у	-	e of Status Desired	<u>'</u>	\$8.75 Add		
	6. Name	and Address of Current	Registere	d Agent			7. Name an	d Address of New I		Fee Required		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-0000						Name Street Addres City	ss (P.O. Box Numi	per is Not Acceptabl	FI.	Zip Code		
	named entity tions of registr	submits this statement to ered agent.	or the purp	ose of chariging its			stered agent, or b	oth, in the State of Fl		-		
SIGNATURE	Signature types	or printed nume of registered agent	and tale if app	dicable (NOTE	Responered	Agent signarijie Têqi	arec when reinstaung)	<u> </u>	DATE		<del></del> .	
	DUE BY Se	! FEE IS \$550.00 ptember 5, 2007 Florida Department o	f State	S 607 193(2)(b), F late fee. By check did not receive p	king this c	ox, the corpor	ration certifies it	9. Election Camp Trust Fund Co	ntribution.	Adde	00 May Be d to Fees	
10.	DPT	OFFICERS AND	DIRECTO		11.		ADDITIONS	CHANGES TO OF	FICERS AN			
	PANIAGUA	, JOSE GUILLERMO 104 ST, UNIT 37		☐ Delete	ITTLE NAME STREET CITY-S	ADDRESS ST-ZIP			7158 <b>4</b> 3007-02	□ Change 21 158.7	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PANIAGUA 14918 SW 1 MIAMI FL	, MARITZA 104 ST, UNIT 37		☐ Delete	TITLE NAME STREET CITY-S	ADORESS IT-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY 'ST-ZIP				Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP			-	☐ <u>Change</u>	Addition	
NTLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	name Street Caty-S	ADDRESS		TO THE AMERICA	·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Delete	TITLE NAME STREET GITY-S	FADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME SIBEET CITY-S	T ADDRESS ST-ZIP				☐ Change	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 indicated on this reporter suppliernestal 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 of 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: