

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 23, 2006 8:00 am
Secretary of State**

01-23-2006 90102 003 ***150.00

DOCUMENT # P93000070999		
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Principal Place of Business 1015 NW 31ST AVE. CORAL SPRINGS, FL 33076	Mailing Address 1015 NW 31ST AVE. CORAL SPRINGS, FL 33076
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2. Principal Place of Business 1015 NW 31ST AVE. Suite, Apt. #, etc.	3. Mailing Address 1015 NW 31ST AVE Suite, Apt. #, etc.
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City & State Pompano Beach FL Zip 33069	City & State Pompano Beach FL Zip 33069	Country Broward
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6. Name and Address of Current Registered Agent GOMEZ, GERARDO 1015 NW 31ST AVE. POMPANO BEACH, FL 33069	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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  DATE 1-18-06
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when re-inating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GOMEZ, GERARDO STREET ADDRESS 5404 NW 108TH WAY CITY-ST-ZIP CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MIKE, MORSE STREET ADDRESS 1162 NW 32 MANOR CITY-ST-ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME TINA, GOMEZ M STREET ADDRESS 5404 NW 108 WAY CITY-ST-ZIP POMPANO BEACH, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Date 1-18-06 94974848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #