


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000010640
 1. Entity Name
201 CORPORATION



Principal Place of Business Mailing Address
3111 N.W. 27TH AVE. **3111 N.W. 27TH AVE.**
MIAMI, FL 33142 **MIAMI, FL 33142**

DO NOT WRITE IN THIS SPACE



03212008 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
65-0476320 Not Applicable

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

6. Name and Address of Current Registered Agent
HERNANDEZ, GILBERTO
3111 N.W. 27TH AVE.
MIAMI, FL 33142

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALVATIERRA, CARLOS
STREET ADDRESS	3111 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	V
NAME	PIERRE-LOUIS, FERNAND
STREET ADDRESS	3111 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	S
NAME	LOPEZ, ORLANDO
STREET ADDRESS	3111 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	T
NAME	FINDER, AMI
STREET ADDRESS	3111 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	PEREZ, AMERICO
STREET ADDRESS	3111 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000486270
 04/13/06-80030-017 150.00

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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, when address, with all other like empowered.

SIGNATURE: Orlando Lopez S. 8.27.06 3058887777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #