

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 21 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0488642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEVINE GOODMAN PALLOT WELLS, PA
777 BRICKELL AV
SUITE 850
MIAMI, FL 33133

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS FAUSTINO, LUIS M 7270 NW 12 ST., STE PH3 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CFO/S Faustino, Luis M 7270 NW 12 St., Ste PH3 Miami, FL 33126	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ESTEVES, ANTONIO M 7270 NW 12 ST., STE PH3 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO Esteves, Antonio M 7270 NW 12 St., Ste PH3 Miami, FL 33126	<input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RIBEIRO, ALBINO M 7270 NW 12 ST., STE PH3 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C Goncalves, Pedro 7270 NW 12 St., Ste PH3 Miami, FL 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400080269124 09/28/06--01049--023 **\$1.25	<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: Antonio M. Esteves, CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-06

Date

305-5929399

Daytime Phone #

7C 9/25