FILED May 03, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Zip Country Zip 33142 Country 5. Certificate of Status Desired \$8.75 Additive Required Fee Required Fee Required Fee Required Registered Agent 7. Name and Address of New Registered Agent Name NesTor Noei/O Street Address (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. SIGNATURE NesTor Noei/O Signature, typed or printed name or registered agent and title if applicable. (NOTE: Tegistered Agent signature required when reinstating) DATE	Applicable ional
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4172006 Chg-P CR2E034 (11/05) City & State Country Zip 33142 Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NesTor Noni/O Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City MIAMI, FL 33142 2828 NW 17745 AUCULE City MIAMI FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered point or both. in the plant of Florida. I am familiar with, at the obligations of registered agent. NesTor NesTor NesTor NesTor NesTor Noni/O SIGNATURE Signature, typed or printed haire or legistered agent and the if applicable. (NOTE: Targisture-of Agent signature required when reinstaining) DATE	Applicable ional
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the infidicaled on this report or supplemental report is the and accurate and that ply signature shall have the same legal effect as it made under oath; that I am an officer of the corporation or the receiver or trustee employered to execute mis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or changed, or on an attachment with an actions with all and the employered.	1