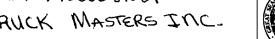
## FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # P94000081031 1. Entity Name





## **FILED** Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90307 033 \*\*\*150.00

MACK WASTERS TITLE	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business  7\0 NW 27 PVE  Suite, Apt. #, etc.  3. Mailing Address  4\766 Lagp  Suite, Apt. #, etc.	VILA DE. 50012018 CR2E034B (8/05)
	Applied For Not Applied For Not Applied For Not Applicable  Country South Formula Property See See Additional
33311 45 33073	5. Certificate of Status Desired Fee Required
	7. Name and Address of Current Registered Agent
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	Sileet Address (1.0. Dox Normalis Not Acceptable)
IN THIS SPACE	4766 LAGO VISTA DR
	COCONUT CREEK FL 33073
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 Reg	sistered Agent signature required when reinstating) DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS	
TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  COCONUT CREEK, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MAME STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  TITLE
TITLE NAME BAUTISTA, ADRIAN J. STREET ADDRESS 4766 LAGO VISTA DR CITY-ST-ZIP COCONUT CREEK FL 33073	TITLE HAME  STREET ADDRESS  CITY-ST-ZIP  TO CONUT Creek FC  TO CONUT CREEK FC  TO CONUT CREEK FC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP
TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF