2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2006 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of	, Secretary of State		
1. Entity Na	JMENT # P95000036 MADING CORP.	265					
	ace of Business 28TH TERRACE 33133	Mailing Address 3375 S.W. 28TH TERRACE MIAMI, FL 33133		1 (1885) BB HE (1866) BA (1867) BB	VARTA ARRIEN BEHNEDA IZ SABIT		
	OO NOT WRITE		CE				
VEGA, CA 3375 S.W MIAMI, FL	. 28TH TERRACE	egistered Agent		DO NOT WRITE IN THIS SPACE	17 7 4.4 27 24 4.4 20 24 4.4		
the obliga SIGNATURE.	Signature, typed or printed name of registered agent and the Committee of	site i equivable. (NOTE Registeral 9. Election Campaign Finan	d Agent signature required	ered agent, or both, in the State of Florida. I am fam ad when renatating) DATE 5.00 May Be Ided to Fees	na with, and accept		
10	OCCICERS AND D	PECTORS					
TITLE NAME STREET ADDRESS CITY -S1 - ZIP	PD VEGA, CARLOS E 3375 S.W. 28TH TERRACE MIAMI, FL 33133	RECTORS		U00000457999			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, ZOILA E 3375 S.W. ZBTH TERRACE MIAMI, FL 33133		,	U00000467988 03/24/06-80011-021	1 150.00		
MILE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	ST ZIRIO, DANTE 3375 S.W. 28TH TERRACE MIAMI, FL 33133			DO NOT WRITE IN THIS SPACE	.a. (` 1."		
CITY-SI-ZIP DITLE NAME SITEET ADDRESS CITY-SI-ZIP	-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby co	ertify that the information supplied with this	s Mina does not qualify for the ever	notions contained i	1 in Chapter 119 Florida Statutes - Lumber cerify the	hat the information		
indicated of the corp changed,	on this report or supplemental report is tru- coration or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my signatured to execute this report as require all other like empowered.	re shall have the sa ed by Chapter 607,	I in Chapter 119, Florida Statutes. I further certify the same legal effect as if made under oath, that I am a 7, Florida Statutes; and that my name appears in Bio	n officer or director ock 10 or Block 11 if		

SIGNATURE: SIGNATURE AND TYPED OR PRINTIED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Day 10/06 J. Day 1870 Phone P.