2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

DOCU 1. Entity Nam MI TIERS		11			D	ectetary of S
Principal Plac 1628 GATOR BELLE GLAD		Mailing Address 1628 GATOR BLVD BELLE GLADE, FL 33430				
D	O NOT WRITE I	CE	04232007 No Chg-P CR2E034 (11/05) 4. FEI Number			
2911 E MA P O BOX 6 PAHOKEE	517 ;, FL	DO NOT WRITE IN THIS SPACE				
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when rendstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ded to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI D VILLARREAL, SILVIA 1628 AIRPORT RD BELLE GLADE, FL 33430 D VILLARREAL, JESUS 1628 AIRPORT RD BELLE GLADE, FL 33430	ECTORS			uonoo0 os/16/07	0745262 -80022-001 150.00
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12. Thereby 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: Silvia LeonZI

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+4/35/07

Daytime Phone #