## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # PS		099				Seci	etai y	01 512	
Puncipal Plac	e of Business		Mailing Address							
13460 SW MIAMI, FL 3	181ST STREET 3177 US	-	13460 SW 181ST S MIAMI, FL 33177	US -		1 MC ORBITANIA (1	mild weite dalte daten	matte Ratus willen	ikan minoro fillisi ili	Nike? 11 lest
2. Principal Place of Business			3. Mailing Address							
Sunta. Apt. #, etc.			Suite, Apt #, etc			04262006	Chg-P	CR2E	334 (11/05)	
City & Stat	City & State		City & State			4. FEI Number 59-3390				oplied For of Applicable
710	Country		Zip Cour		try	5. Certificate o	Certificate of Status Desired			ditional id
6. Name and Address of Current			Registered Agent			7. Name and Address of New Registered Agent				
10000		4			Name					
ARCEO, KARINA ACCOUNTING ASSISTANCE 13460 SW 181ST STREET					Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL		<b></b>		-	}					
}					City	<del></del>		FL	Zip Cod	le
<del></del>	enand onthe subspil	e this statement for	the purpone of changing i	ts register	ed office or regi	istered agent, or both	, in the State of	Florida, I am	familiar with,	and accept
8. The above the obligat	ions of registered ag	aut a una ararantem ioi	, ,					-		
8. The above the obligate SIGNATURE.	ions of registered ag	ent		<del></del>						
the obligat	ions of registered ag	ent		Stational Side	d Agent signature red	duired when reinstalling)		DATE		
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12. Thereby 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 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: KOYING GICCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06

305 226 3443

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