## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2006 08:00 AN Secretary of State

Daytime Phone #

_	- ANNUAL K	EPOKI			repu	19, 2000	08:00
1. Entity Nam	MENT # P9600005621	5			Se	ecretary	of State
Principal Place of Business Mailing Address 411 SW 73RD AVE 411 SW 73RD AVE NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068							
DO NOT WRITE IN THIS SPAC				02062006 4. FEI Numbe 65-068		CR2E034 (1	, 55mm; m::1mm; 55 3mm;
SOUZA, C 411 SW 73 NORTH L		stered Agent			NOT W		,
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 nonted name of registered agent and title if this kcable. (NOTE: Registered Agent signature required when reinstating)  DATE							
				00 May Be ed to Fees			
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	P SOUZA, CLEMAR V 411 SW 73 AVE NORTH LAUDERDALE, FL 33068	CTORS			U000i	00426503 5-80046-00	
STREET ADDRESS City-St-Zip Title		3			02/20/06	5-80046-00	09 150. <b>00</b>
NAME STREET ADORESS CITY-ST-ZIP TITLE				-	NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
of the cor	certify that the information supplied with this f on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with al	d to execute this report as requir	emptions contained ure shall have the s ed by Chapter 607	in Chapter 119 same legal effec , Florida Statute	, Florida Statutes. I t as if made under o s; and that my name	further certify that lath; that I am an o appears in Block	t the information officer or director t 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME COMMING OFFICER OR DIRECTOR

SIGNATURE: