

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90038 033 \*\*\*150.00

60013192



02012006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0732385** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

ACOSTA, ANTONIO  
5991 N.W. 173RD TERR.  
MIAMI, FL 33018

Name **Antonio Acosta**  
Street Address (P.O. Box Number is Not Acceptable)  
**8991 NW. N. RIVER DR.**  
City **Miami FL** Zip Code **33018**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	ACOSTA, ANTONIO	
STREET ADDRESS	8991 NW 173RD TER	
CITY - ST - ZIP	MIAMI, FL 33018	
TITLE	VAST	<input type="checkbox"/> Delete
NAME	VINAS, ROBERTO	
STREET ADDRESS	C/O 225 ALHAMBRA CIR STE 425	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	VINAS, ROBERTO	
STREET ADDRESS	C/O 225 ALHAMBRA CIR STE 425	
CITY - ST - ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby 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 employment.

SIGNATURE: \_\_\_\_\_ Date **2/1/06** Daytime Phone # **305/345 3076**