## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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Principal Place of Business   Mailing Address   S31
MAMI, FL 33173  MIAMI,
MAMI, FL 33173
Suite, Apt. V, etc.    Suite, Apt. V, etc.   10132007   Chg-P   CR2E034 (12/06)   City & State   City & State   4. FEI Number   65-0777324   Applied For   Not Applicable
City & State  Country  City  FL  City  C
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Additional   \$8.75 Addi
Signature   Delte
CARRICARTE, MICHAEL A 8770 SUNSET DRIVE 531 MIAMI, FL 33173  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Synaure, Spead or preted name of registered agent and life if applicable.  Part of the obligations of registered agent and life if applicable.  Note: Repreted Agent spiralure recoved when remissiving)  DATE  Amended AR is \$81.25  P. Election Campaign Financing Added to Feas  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2  TITLE NAME CARRICARTE, MICHAEL A 8770 SUNSET DRIVE 531 MIAMI, FL 33173  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P STREET ADDRESS S
CARRICARTE, MICHAEL A 8770 SUNSET DRIVE 531 MIAMI, FL 33173  City FL Zip Code  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 pretice name of registered agent and life if applicable. (NOTE, Registered Agent segnature recovered when reinstaking). DATE  Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution. Addition Name Trust Fund Contribution. Addition Name CARRICARTE, MICHAEL A 8770 SUNSET DRIVE 531  City ST-2D  CITY ST-2D  Delete TITLE NAME SIREET ADDRESS CITY-ST-2D  TITLE NAME S
City   FL   Zip Code
MIAMI, FL 33173  City FL Zip Code  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 private name of registered agent and title if applicable. (NOTE, Registered Agent signature regustering)   P. Election Campaign Financing   \$5.00 May Be Added to Fees
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, hyped or printed name of registered agent and title if Applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE
the obligations of registered agent.  SIGNATURE    Supature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when renasating)   DATE
SIGNATURE   Squature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE
Amended AR is \$61.25  9. Election Campaign Financing Trust Fund Contribution.
Amended AR is \$61.25  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  N 1/2    TITLE   D   CARRICARTE, MICHAEL A   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33173   CITY-ST-ZIP   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   TITLE   Change   Addition    NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   Delete   TITLE   Delete   Dele
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12. I hereby certify that the information supplied with his filing closes not qualify to 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 trusted 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: