2007 FOR PROFIT CORPORATION

FILED Jan 25, 2007 08:00 AM ANNUAL REPORT DOCUMENT # P97000083999 **Secretary of State** 1. Entity Name 68, INC. Principal Place of Business Mailing Address 1450 WEST 68 STREET 1450 WEST 68 STREET HIALEAH, FL 33014 HIALEAH, FL 33014 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0801031 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BELLO, ELIZABETH 1460 WEST 68 STREET IN THIS SPACE HIALEAH, FL 33014 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, typied or printed name of registared agent and title if applicable (NO) E. Registered Agent argnature required when reinstating) the Have been a title to the price of the state of the street After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD . TITLE BELLO, ENRIQUE NAME STREET ADDRESS 1450 W. 68 ST HIALEAH, FL 33014 CITY-ST-ZIP U00000603060 01/26/07-80115-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 employed 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 like empowered,

SIGNATURE:

TITLE NAME . STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #