2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State

1. Entity Nan	MENT # P98000014	4013			Sec	retary of State
2040 NORTI SUITE 103	e of Business HEAST 163RD STREET NI BEACH, FL 33162	Mailing Address P.O. BOX 601193 NORTH MIAMI BEACH, FL 33	160 US			
		•		04212006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 65-082	er	Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
Name and Address of Current Registered Agent						
BASS, LES 2040 NE 1 SUITE 103 N. MIAMI I	63RD ST		DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for ons of registered agent.				th, in the State of Flori	
	Signature, typed or printed name of registered agent	and tifle if applicable (NOTE Register	red Agent signatura required	d when reinstating)		DATE
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.		~ ~~	.00 May Be led to Fees		
10. TITLE	OFFICERS AND	DIRECTORS	-1			
NAME STREET ADDRESS CITY-ST-ZIP	BASS, LES 2040 NORTHEAST 163RD STR NORTH MIAMI BEACH, FL 331				U0000 05/13/08	0551525 6-80104-011 150.00
NAME SIREET ADDRESS CITY-ST-ZIP						
NITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	ŅOT WI	RITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN ⁻	THIS SP	ACE
NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the con	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	true and accurate and that my signal wered to execute this report as requ	sture shall have the s	same lenal effec	t as if made under oa	the that I am an officer or director