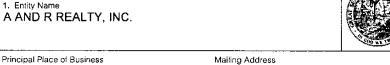
2006 FOR PROFIT CORPORATION

FILED Feb 08, 2006 8:00 am Secretary of State

02-08-2006 90015 050 ***150.00

ANNUAL REPORT	
DOCUMENT # P98000014153	T
1. Entity Name	1



13105 NW 42ND AVE OPA LOCKA, FL 33054 13105 NW 42ND AVE OPA LOCKA, FL 33054



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01092006	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applied For	
65-0814924			Not Applicab	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

HOLLAND, BRIAN 13105 NW 42ND AVE OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	Agent signature	required when reinstaking)	DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Ma				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, WAYNE E 2800 PONCE DE LEON BLVD. #1125 CORAL GABLES, FL 33134						
TITLE NAME STREET ADDRESS	D HOLLAND, BRIAN 13105 NW 42 AVE						
CITY-ST-ZIP	OPA LOCKA, FL 33054						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-S1-ZIP							
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP							
indicated of the cor	on this report or supplemental report is true a	nd accurate and that my signati I to execute this report as requir	ire shall has	e the same legal effe	9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or directores; and that my name appears in Block 10 or Block 11 if		