2006 FOR PROFIT CORPORATION

FILED Jan 25, 2006 08:00 AM

ANNUAL KEPUK!					ouii 20,		00.0011
1. Entity Nac	MENT # P98000019 ering project usa, cof			Secr	etary	of State	
Principal Plac 1 23 50 SW 1 MIAMI, FL 3		Mailing Address 12350 SW 132 CT, 207 MIAMI, FL 33186	-		T (8787 (878) 1870) 8 (878) 8	\$\$ 80:8 1 11818 18 00 0 :	1001 11 11 10 100 1 1 1 11 1 1 1 1
C	OO NOT WRITE		CE	01102006 4. FEI Numb 65-081		CR2E034	
12360 S.W SUITE 210 MIAMI, FL	33186	DO NOT WRITE IN THIS SPACE					
the obligat	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent ar		id Agent signature required		oth, in the State of Flo	orida. I am fami	illar with, and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contribution.		ed to Fees			
, STILE *MAME STREET ADDRESS , EXTY-ST-ZIP UTLE NAME STREET ADDRESS CITY-ST-ZIP	P LOSADA, HENRY 19538 S. WHITEWATER AVE WESTON, FL 33332 S MONTOYA, CARMEN A 19538 S. WHITEWATER AVE WESTON, FL 33332				860999 82/02/ 96	0 400802 -80017-0	, 22 158 . 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	_	
Title Name Street address City-ST-7IP Title				IN .	THIS SF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS	6						

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation of the resolver or trystee 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:

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #