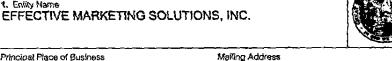
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000085951



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



Principal Place of Business

SIGNATURE:

6186 NW 53 CIRCLE CORAL SPRINGS, FL 33067

6186 NW 53 CIRCLE CORAL SPRINGS, FL 33067



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

_		
4. FEI Number		Applied Far
65-0872939	 []	Not Applicable
		Not Appli

5. Certificate of Status Desired

04212006

No Chg-P

\$8.75 Additional Fee Required

CR2E034 (11/05)

WESTBERG, CHRISTINA 6186 NW 53RD CIRCLE CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE

		i					
8. The above named entity submits this statement for the purpose of changing its registered affice 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 printed name of registered agent and title if applicable (NIOTE, Registered				S Agent signature required when reinstating) UATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.		icing 🔲	\$5.00 May Be Added to Fees	000000555243 _05/16/06-80025-023_150.00			
10.	OFFICERS AND DIREC	TORS		— , —, —, —			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WESTBERG, CHRISTINA 6186 NW 53 CIRCLE CORAL SPRINGS, FL 33067						
TITLE NAME STITEET ADDRESS CITY-ST-ZIP	VP MUNOZ, RITA 5511 NW 50 AVENUE COCONUT CREEK, FL 33073						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE		
NAME NAME STREET ADDRESS CITY - ST - ZIP	<u>:</u>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter (19, Florida Statutes,) 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if champed, or on an attachment with an address, with all other like empowered.							

RitaMunoz