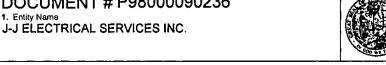
2007 FOR PROFIT CORPORATION

FILED Jan 30, 2007 08:00 AM Secretary of State

	ANNUAL REPORT	
DOCUME	ENT # P98000090236	
1. Entity Name		- 17



Principal Place of Business

241 N FLAGLER AVE HOMESTEAD, FL 33030 Mailing Address 241 N FLAGLER AVE HOMESTEAD, FL 33030



DO NOT WRITE IN THIS SPACE

01182007 No Chg-P	CR2E034 (1	CR2E034 (11/05)		
4. FEI Number		Applied For		
65-0868821		Not Applicable		
5. Certificate of Status Desire		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

SIERRA, JUAN 241 N FLAGLER AVE HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

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, typed or crinted name of required agent and bits if applicable. (NOTE: Registered Agent sonalure required when reinstating). DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Signature, typed or printed name of requisered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				\$5.00 May Be			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD SIERRA, JUAN 354 N.E. 1ST RD. MIAMI, FL 33030	CTORS			U00000611182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	02/02/07-80050-025 150.00		
NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ¹	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with this fill on this report or supplemental report is true a	ling does not qualify for the	ne exemptions co signature shall ha	ntained in Chapter 119	9. Florida Statutes. I further certify that the information of as if made under oath; 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 changed, or on an attachment with an address, with all other like empowered.