


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000010546	
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Principal Place of Business 26855 S. DIXIE HWY NARANJA, FL 33032	Mailing Address 26855 S. DIXIE HWY NARANJA, FL 33032
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DO NOT WRITE IN THIS SPACE



02052006 No Chg-P CRZE034 (11/05)

4. FEI Number 65-0908689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOOS, S S ESQ.
15600 S.W. 288TH STREET
SUITE 312
HOMESTEAD, FL 33033

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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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ JR., NORBERTO 28100 SW 154TH AVE MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOYE, DORIS 25801 SW 130TH AVE. MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRECILLA, JULIO E 26855 SO. DIXIE HWY. NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, KENNETH C 26020 SW 192 AVE HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREIRE, RICARDO 27001 SW 145TH AVE MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000429973
02/22/06-80029-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 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.

SIGNATURE:  **Kenneth C. Jackson** **2-9-06** **305-257-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #