2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

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1470 J N W. 107TH AVENUE 1470 J N W. 107TH AVENUE MAMI, FL 33172 MAMIN, FL 3	1. Entity Name							-		
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Suite, Apt. #, etc. Suite, Apt. #, etc. Dit72006 Chg.P CR2E034 (11/05)	1470-J N.W.	107TH AVENUE	1470-J N.W. 107TH AVENUE			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City & State Country Country Country S. Certificate of Status Desired S. Rame and Address of Current Registered Agent 7. Meme and Address of Now Registered Agent VILA, PADRON & CARRILLO, P.A. 333 MINORCA AVENUE CORAL GABLES, FL 33134 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florios. I am familiar with, and acceptable Signature, inset or protest runt of registered agent or both, in the State of Florios. I am familiar with, and acceptable FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Address (P.O. Box Number is Not Acceptable) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ANAME DIAZ, QUAL ERRIND OR Change Addition Change Addition MAK SIRE! ADDRESS CITY-SI-2P TITLE OBdet ONLY SI-2P OBDET ONLY	Principal Place of Business 3. Mailing Address									
Signature Per	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & State		City & State		1			\vdash	·	
Name Name	Zip	Country Zip		Coun	itry	5 Certificate of Status Desired \$8			75 Add	litional
VILA_PADRON & CARRILLO, P.A. Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Ager	it	
SIGNATURE Signature Stock										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hand or present name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstance) DATE	338 MINORCA AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
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, byset or protect name or registered agent and the if septicable. (NOTE: Registered Agent signature required when reneating) DATE	CORAL GABLES, FL 33134					·				
THE HOUSE STREET ADDRESS CITY-ST-ZP TITLE SIGNATURE Signature, Typed or protect name or registered agent and talle if equilicable. (NOTE Registered Agent sonature required when reincauncy) PSD					City			FL	Zip Code	э
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TITLE - PSD						led to Fees	. ,			·
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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: SIGNATURE AND TYPEO OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR 17/06