## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 04, 2008 08:00 A Secretary of State

1. Entity Nam	MENT # P990000289		Secretary of Sta			
Principal Place 2766 NW 62 MIAMI, FL 3	ST	Malling Address 2766 NW 62 ST MAMI, FL 33147		 	BRIU BRIU BRIU BRIU	ALDA 1878 INIDI BIW BINLURI N 1781
						R2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0905407		Applied For Not Applicable
				5. Certificate of Status	Desired	£2.75 Additional
6. Name and Address of Current Registered Agent  GONZALEZ, RENE 2766 NW 62 ST MIAMI, FL 33147			Asset	DO NO	č.,	, · · · · · · · · · · · · · · · · · · ·
				IN THIS SPACE		
	named entity submits this statement for the	ne purpose of changing its registe	ered office or registe	red agent, or both, in the	State of Florida.	I am familiar with, and accept
SIGNATURE_	Signature, typed or preted name of registered agent and	title if applicable. (NOTE: Registe	red Agent signature require	d when reinstaling)	·	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ded to Fees		
10.	. OFFICERS AND DI	RECTORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Charles Comme	(1) (1) (1) (1) (1) (1) (1) (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RENE 2766 NW 62 ST MIAMI, FL 33147			A STATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RAYMOND 2766 NW 62 ST MIAMI, FL 33147			02/	U00000819 14708-800	777 022-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPA	CE
TITLE NAME STREET ADDRESS			The state of the s	The second		
TITLE NAME						

12. I nereby certify that the information supplied with this filling figes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: \_

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAMPOF SIGNING OFFICER OR DIRECTOR

10/08 3056349454

Daytime Phone #