2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 05, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P99000035	913				07-05-20	07 90057	024 ***5	550.00
Principal Plac 6925 W 2 LA HIALEAN FL	/	Mailing Address 6925 N. 2 LANE HIALEAR, FL 33014			40122	.796 		KIID IDIDE AIDDD GE	1884 II (88L
2. Principal Place of Business · No P.O. Box # 12315 NW 98 PL 12315 NW 9									
Suite Apt.	h Danders - TL	Suite, Apt. #, etc.			06222007	Chg-P	CR2E0	34 (12/06)	··
City & State	e	Hialesh 50	Dens - F	<u> </u>	4. FEI Numbe				plied For t Applicable
33°0 I	8. Dade	33018	Dade			of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	500		Address of New I	Registered	Agent	
GONZALEZ, JORGE 6925WACANE Street Address						er is Not Acceptab	le)		
HIALEAH, FL 33014				12315 NW 98PL					
			Hisle	ah.	- 5au	lens	FL	Zip God	<u>518</u>
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or r	egistere	d agent, or bot	h, in the State of F	lorida. I am	familiar with,	
SIGNATURE.									
	Signature, typad or printed name of registered agent	and title if applicable (NOTI	E Registered Agent signature	e required e	vhen reinstating)		DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campa Trust Fund Cont			00 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST_ZIP	PTD GONZALEZ, JORGE 20936 SW 122ND PLACE MIAMI, FL 38177	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	12: 12: H.	oran B 315 i	Janual Ju 981 Farde	2 2 2 2 2 1	☑ Change Fla-3	Addition 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GONZALEZ, MARGARITA 20936 SW 122ND PLACE MIAML PL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 H	315,	un 98	mále PL -Fl	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY: ST: ZIP	174				Change	Addition
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TITLE NAME STREET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP					☐ Change	Addition
indicatéd	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address.	true and accurate and that r	ny signature shall ha as required by Chap	ive the s oter 607,	ame legal effec , Florida Statute	ot as if made under es; and that my nar	r oath; that the appears	am an officer	or director r glock) 1 il

ATTACHMENT # 199000035913
M& I Forcete Fumping One
12315 NW 98PL
Hisland Fandens - Fla - 33018

WEW ADDRESS