

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAR 27 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01242007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0990595**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY STE 200  
MIAMI, FL 33145

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**200095169542**  
03/28/07--01040--005 \*\*158.75

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORENO, DIMAS N	
STREET ADDRESS	2303 NW 3RD STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIVAS, JAIME A	
STREET ADDRESS	9741 SW 3 STREET	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RIVAS, ELSY	
STREET ADDRESS	9741 SW 3RD STREET	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORENO, ROSA M	
STREET ADDRESS	2303 NW 3RD STREET	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

(305) 850 0050

Daytime Phone #

ROSA M. MORENO, DIRECTOR