FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2005 8:00 am Secretary of State

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1. Entity Name					£ .	04-29-2005 90241 027 ***150.00			
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DO NOT WRITE IN THIS SPACE									
			3. Mailing Address 1706 NW 56 Ave.				14000000		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	14008874 DO NOT WRITE IN THIS SPACE				
			City & State Lauderhill, FL			4. FI	4. FEI Number 65-0961846 Applied For Not Applicable		
Zip 33313		Country USA	^{Zip} 33313	Count		5 . C	5. Certificate of Status Desired S8.75 Additional Fee Required		
		•		-	7. Name and Address of Current Registered Agent Name				
- DO-NOT WRITE			- 1 _	Luis Rodrigo Alvarez Street Address (P.O. Box Number is Not Acceptable)					
		N THIS SP							
	• '		, 10 _	-		1706 NW 56 Ave.			
9. The above	named entit	by submits this statement for	the gurages of changing its	rogintar	Laude	City Lauderhill, FL Zip Code 33313 d office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
the obligat	tions of regis	tered agent.	the purpose of chariging its	registere	o once or regis	ioreu aye	ant, or contrain the state of Product. Fath familiar with, and accept		
SIGNATURE .	Sanature, types	d or profeed name of routsterned assemble	nd His Lagginatio (NOT	S: Boo dero	t Agent & contine regi	rod when re-	relation) DATE		
SIGNATURE Signature, typed or printed name of ring stered agent and ITIE if applicable. (NOTE: Registered Agent &grature required when ren January 1 - May 1 Fee is \$150.00									
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	1	OFFICERS AND D					A		
TITLE NAME	P.	r. Maritza N. Alvarez	z. 15611 Passaie	TITLE NAMI	1				
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NAME				NAMI	E				
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Increby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

HUNG DI PECTO /
EAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(301)218-4085