2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 Al
Secretary of State

DOCUMENT # P99000099274 1. Entity Name				Secretary of Stat		
FAMILY C						
Principal Place	e of Business M	ailing Address	<u> </u>			
2842 S.W. 20 MIAMI, FL 3:		950 SW 26 STREET Mami, FL 33133	,			
				}	P CR2E034 (11/05)	
D	O NOT WRITE II	N THIS SPA	CE	04122006 No Chg-F 4. FEI Number 65-0961418	Applie	ed For pplicable
				5. Certificate of Status Desi	Fee Required	nal
	6. Name and Address of Current Regis	stered Agent	and bearing			
OW, BOSTON A 2842 S.W. 26TH STREET MIAMI, FL 33133				DO NOT IN THIS S	* **	i de la companya de l
	named entity submits this statement for the ions of registered agent.	ourpose of changing its registe	red office or register	ed agent, or both, in the State	of Florida. I am familiar with, and	d accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			11 ad Agent signature required	Subsection)	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRE	Election Campaign Fina Trust Fund Contribution CTORS		.00 May Be ed to Fees		mál: - TÉ
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STREET ADDRESS CITY-ST-ZIP			in som medical		Salar Market	ali modela e m de la composito de la composito della composito de la composito de la composito de la composito
indicated of the cor	L. certify that the information supplied with this I on this report or supplemental report is true reportation or the receiver or trustee empowers, or on an attachment with an address, with a	and accurate and that my sign of to execute this report as requ	xemptions contained ature shall have the uired by Chapter 607	d in Chapter 119, Florida Statu same legal effect as if made u 7, Florida Statutes; and that my	ites. I further certify that the info nder oath; that I am an officer or name appears in Block 10 or Bl	rmation director lock 11 if

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _