## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2006 8:00 am Secretary of State

1. Entity Name	8	# P99000108	264				· *:	03-03-20	06 90105	5 050 ***1	150.00	
Principal Place of Business 2345 WEST 80TH STREET UNIT J 15 HIALEAH, FL 33014			Mailing Address 2345 WEST 80TH STREET UNIT J 15 HIALEAH, FL 33014			i			11: Kali: 11:11   1	11 <b>6 8812 1</b> 1111 <b>6</b> 881	111 41 111	
2. Principal Pl 245	SE IS	<sup>Ess</sup> Street	3. Mailing Address 245 SE 1st	3. Maijing Address 245 SE 1st Street								
Suite, Apt. #, etc. 331			Suite, Apt. #, etc. 331				02272006	Chg-P	CR2E0	34 (11/05)		
City & State Miami, Fl.			City & State Miami, Fl.			4. FEI Numbe 65-098			<del></del>	plied For t Applicable		
<sup>Zip</sup> 331	Zip 33131 Country USA		<sup>Zip</sup> 33131 Coun		try USA		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
ROLON, HECTOR D 2345 W 80TH STREET, UNIT J 15						Street Address (P.O, Box Number is Not Acceptable) 245 SE 1st Street						
HIALEAH, FL 33014					Ste 331							
					City M	iami	i.		FL	Zip C3c3	131	
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 or registered agent.  SIGNATURE  Significe. Typed or privide name of registered agent and titled approaches. (NOTE: Registered Agent signature required when reinstating)  OATE												
FIL		FEE IS \$150.00 6 Fee will be \$550.			Ō		.00 May Be ed to Fees	CHANGES TO OF	FICERS AND	DIBECTOR:	S IN 11	
IIILE NAME STREET ADDRESS CITY-ST-ZIP	2345 W. 8	HECTOR D 50TH STREET, J 15 6 FL 33014	Delete	TITU NAM STRE	E			Street St		<b>★</b> Change	Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP	]	E, MAYRA N STREET UDERDALE, FL 33326	XX) Deleta				•			☐ Change	☐ Addition	
TITLE NAME SIREEI ADORESS CITY-SI-ZIP	2345 W 8	MAURA L 0TH STRET J 15 , FL 33014	☐ Delete			245		Street St	te 331	Change -	Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delzta			-M1a	ami, Fl.	<del>-33131</del>		Change	Addition	
TITLE NAME STREE: ADDRESS CHY-SI-ZIP			☐ Delata		-					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delata							Change	Addition	
12. I hereby indicated of the conchanged	certify that the control on this reportion or the control on the c	te information supplied with int or supplemental report the receiver of trustee ann achment with an arbress,	th this filling does not qualify it is true and accurate and that sowered to execute this repor with all other like empowered	or the ex my signs t as requ	cemptions of ature shall haired by Cha	contained ave the apter 60	d in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nar	I further cer r oath; that I ne appears	tify that the ir am an officer in Block 10 o	nformation or director r Block 11 if	