## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Name	MENT # S20422 ISTRUCTION INC.	الم			Secretary	or state
Principal Place	e of Business	Mailing Address		Ì		•
	BOX 558087	POST OFFICE BOX 558087		{		
MIAMI, FL 33	3255-5087	MIAMI, FL 33255-5087		{		
				1 (1988)	E 1880) BROW BOOKE HOLD WAS BLAKE EKAN EKROLE	<b>3</b> 55 <b>513</b> 15 <b>513</b> 11 <b>33</b> 5 51 1 <b>33</b> 5
· · · · · · · · · · · · · · · · · · ·	The state of the s		The second secon			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
				01092006	No Chg-P CR2E034	(11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Numbe		Applied For
*			65-023		Not Applicable	
					ec	3.75 Additional
				5. Cermicate		a Required
	6. Name and Address of Current Re	gistered Agent	1	7		
GONZALE	. 10005	• •	** ** *** ***	1	المنافقة وتمديري والمشارعة	
7280 NW 8			}	DO	NOT WRITE	1
MIAMI, FL 33126				IN THIS SPACE		
			Í	(IV	INIO SPACE	}
	. \		}			}
The object	Americanist with this statement too		and affine and reminde		the in the Chair of World . Leas for	West with and arrest
8. The above harmed entity subtrats 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 again.						
	Mrs MI				ste lac	}
SIGNATURE Signific type or printed name of invitered agent and title if applicable (NOTE Registered Agent signeture required when reinstating) DATE						
Signifule: typedar printed name of instered agent and fille it applicable (NOTE Registered Agent signature required when reinstailing) "DATE						
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Final     Trust Fund Contribution	noing \$5 Add	.00 May Be lied to Fees	U0000038751 01/19/06-80044	-025 150.00
10.	OFFICERS AND D	RECTORS		S	to and the comment of	
TITLE	PD				*	{
NAME	GONZALEZ, JORGE					, 1
STREET ADDRESS	5300 RIVIERA DR.		1	•	•	}
CITY-ST-ZIP	CORAL GABLES, FL 33146	<del></del>	-}			ì
TITLE	VD '	•	** 1875	- •	•	
NAME STREET ADDRESS	GONZALEZ, LILLIAN S 5300 RIVIERA DR.					- 1
CITY-ST-ZIP	CORAL GABLES, FL 33146	*	ſ			}
TITLE	00.4120.10220,12201.10		-{			}
NAME				—		ł
STREET ADDRESS	}		1	DO	NOT WOITE	{
CITY-ST-ZIP	}		1	טט	NOT WRITE	}
TITLE			Aller Mr.	· INI	THIS SPACE	}
NAME	<b>\</b>		Ĭ.	*14	THO GIAGE	{
STREET ADDRESS	ļ		1			Ì
CITA - 21 - TIA		<del></del>	-1			
TITLE	ļ.	<u>z</u> .	174 174	' 1.5m += <u>s.</u>	<u></u>	
NAME CONTEX ADDRESS	}	,	Î			
STREET ADDRESS CITY-ST-ZIP	}		•			
	<u> </u>	<del></del>	<b>-</b>			ļ
TITLE NAME	}		1		* * * * * * * * * * * * * * * * * * * *	· / / / / /
STREET ADDRESS	{		ł			j
CITY-ST-ZIP	_		1			
12. Thereby	certify that the information supplied with I	his filing does not qualify for the ex	xemptions containe	ed in Chapter 11	9, Florida Statutes. I further certify	that the information
12. I hereby certify that the information subplied 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 supplier each 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 year everyer or the statutes are provided by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an authorized with a laddress, with all other like empowered.						
changed	i, or on an attechment with a paddress, w					
SIGNATURE: M UNI VONGE CONTURZ/ President 1/6/06 305-663-0322						