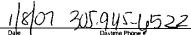
2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2007 8:00 am Secretary of State 01-12-2007 90018 047 ***150.00 **DOCUMENT # S42939** VICTOR K. RONES, P.A. Principal Place of Business Mailing Address 16105 NE 18 AVE 16105 NE 18 AVE N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 65-0259600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RONES, VICTOR K. DO NOT WRITE 16105 NE 18 AVE N MIAMI BEACH, FL 33162 IN THIS SPACE 200 . 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE RONES, VICTOR K NAME STREET ADDRESS 16105 NE 18 AVE CITY-ST-ZIP N MIAMI BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ith all other like empowered changed, or on an attachment with an address,

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF



FILED