2006 FOR PROFIT CORPORATION

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAN 24,2006

ANNUAL REPURI				Jan.30, 2006 08:00. <i>A</i>
1. Entity Nam	MENT # F03000002	622		Secretary of State
Principal Plac	e of Business	Mailing Address		
	LA BLVD. #396	5580 LA JOLLA BLVD. #396		
LA JOLLA, CA	92037	LA JOLLA, CA 92037		
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	A MAT MAITE	IN THE COA	CE.	01172006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number Applied For
				33-0890021 Not Applicable
				5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		
MARCH, RICARDO 11744 SW 116 TERRACE				DO NOT WRITE
MIAMI, FL 33186				IN THIS SPACE
				IN THIS SPACE
	· 1			
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 Bicarch March (State Manager) 01/26/06				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				1.00 May Be ded to Fees 02/08/06-80035-021 150.00
10. OFFICERS AND DIRECTORS				
TITLE	CPST CARRYING CICYANNI			
NAME STREET ADDRESS	CARDULLO, GIOVANNI 5580 LA JOLLA BLVD. #396			
CITY-ST-ZIP	LA JOLÍA, CA 92037			
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NAME				
STREET ADDRESS				
CITY-ST-ZIP			4	
NAME	-			
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CITY-ST-ZIP				DO NOT WRITE
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CITY-ST-ZIP				
TITLE			1	
NAME				
STREET ADDRESS CITY+ST-ZIP				
}	nortify that the information as selfed with	this filling dose not qualify for the av	emotions contains	d in Chanter 119 Florida Statutes I further cartify that the information
12. I hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if				
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				