


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G16231**

1. Entity Name  
 OTICENTRO, INC.



Principal Place of Business  
 1470 N.W. 107TH AVE., SUITE "M"  
 MIAMI, FL 33172

Mailing Address  
 12052 S.W. 10TH TERRACE  
 MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**



01082006 No Chg-F CR2E034 (11/05)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>59-2262526  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

PEREZ-RANGEL, DOMINGO A  
 1470 N.W. 107TH AVE., SUITE "M"  
 MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PEREZ-RANGEL, DOMINGO A<br>1470 N.W. 107TH AVE., SUITE "M"<br>MIAMI, FL 33189 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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TECHNICAL ASSISTANT  
 03/15/06 00002-001 103.25

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 reports 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 changed, or on an attachment with an address, which is duly empowered.

SIGNATURE:  **JANUARY 30/2006 (307) 599-1528**

BLOCK 10 OR 11: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #