2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # G23076 04-03-2006 90357 016 ***158.75 RODRIGUEZ AND QUIROGA ARCHITECTS CHARTERED Principal Place of Business Mailing Address 2100 PONCE DE LEON BLVD. 2100 PONCE DE LEON BLVD. MEZZANINE MEZZANINE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 59-2277900 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Raul RODRIGUEZ QUIROGA, ANTONIO M Street Address (P.O. Box Number is Not Acceptable 2100 Ponce de Leon 8750 S.W. 106TH ST. MIAMI, FL 33176 CORAL GIABLES 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 Fiorida. I am familiar with, and accept Raul L. RODRIGUEZ PRESIDENT 3/09/06 Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DTLE PRESIDENT ☐ Delete TITLE X Change Addition RODRIGUEZ, RAUL L PRESIDE NAME NAME STREET ADDRESS 7325 SW 82ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP vs ☐ Delete TITL F Change ☐ Addition QUIROGA, ANTONIO M VP NAME NAME STREET ADORESS 8750 S.W.106 ST. STREET ADORESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITS F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS

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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 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, with all other like empowered.

CITY-ST-ZIP

CTTY-ST-ZIP

RAWL L. RODRIGUEZ, PRESIDENT 3/29/06 (305)448-7417x11