## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach (ant with an address, with all other like empowered.

SIGNATURE

## May 01, 2006 08:00 AM Secretary of State **DOCUMENT # L88634** ABREU SPORT AMUSEMENT CORP. Principal Place of Business Mailing Address 2731 SW 128 AVE 2731 SW 128 AVE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 04282006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied Far 65-0220197 Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABREU, ODALYS Street Address (P.O. Box Number is Not Acceptable) 2731 SW 128 AVE MIAMI, FL 33175 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD Detete HILE ☐ Change Addition NAME ABREU, ODALYS NAME 11)00001548058 STREET ACCRESS 2731 SW 128 AVE STREET ADDRESS 05/12/06-80045-024 150.00 CUY-57-71P C07-ST-7/2 MIAMI, FL 33175 TiTLE ☐ Delete TRUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change MAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-AP CITY-ST-ZIP ☐ Defete ☐ Change TITLE SILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-SI-70 TITLE ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 7)71 F ☐ Delete TITLE ☐ Change ■ Addition MAME MAAR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 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

**FILED**