

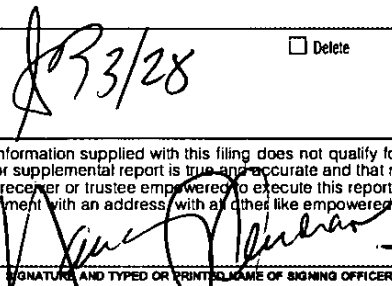


## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # M60741</b> 1. Entity Name <b>ISLAS CANARIAS SOUTH, INC.</b>						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="font-size: 1.2em; margin: 0;">06 MAR 28 PM 2:06</p> <p style="font-size: 0.8em; margin: 0;">STATE OF FLORIDA TALLAHASSEE, FLORIDA</p>					
Principal Place of Business <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US</b>			Mailing Address <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US</b>								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>65-0011476</b>						Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		02112006 Chg-P CR2E034 (11/05)					
Zip Country		Zip Country		<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>						Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees							
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST <input type="checkbox"/> Delete <b>ANDRADE, LUIS</b> <b>2300 CORAL WAY SUITE 200</b> <b>MIAMI, FL 33145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; text-align: center;">700069135067</div> <div style="font-size: 1.2em; text-align: center;">03/31/06--01009--016 **158.75</div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD <input type="checkbox"/> Delete <b>ANDRADE, NANCY</b> <b>2300 CORAL WAY SUITE 200</b> <b>MIAMI, FL 33145</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 empowerers.											
<b>SIGNATURE:</b> 				- <b>NANCY ANDRADE</b> 3-16-06				305-856-0056			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											