2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 07, 2006 08:00 AM Secretary of State **DOCUMENT # P03000134360** 1. Emity Name TREVINO ROSENDO INC. Mailing Address Principal Place of Business 21135 SW 125TH COURT ROAD MIAMI FL 33177 21135 SW 125TH COURT ROAD MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 05-0591487 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENDO, TREVINO 21135 SW 125TH COURT ROAD MIAMI FL 33177 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 Signature, typed or privide name of registered agent and fills if approable (NCTE Registered Agent signature remuted when reinstaling) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May & After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE □ Addes TITLE ☐ Dalete NAME ROSENDO, TREVINO NAME U00000496609 04/22/06-30018-023 150.00 STREET ADDRESS 21135 SW 125TH COURT ROAD STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP MIAMI FL 33177 Addition 7(TLC Delete TITLE Citange NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CBY-ST-JP Delete ☐ Change ■ Addition BILE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CHY-ST-7P DITY-ST-ZIP Defete TITLE Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete ☐ Change Addition 1373 F 31118 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change HILE TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental pepor 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 true ee 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 the audress, with all other like empowered.

FILED

4-4-06 (305)251-0131