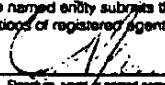


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90449 027 \*\*\*150.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000088442</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                |  |
| 1. Entity Name<br><b>AGENTE IMMOBILIARE CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                                                 |  |
| Principal Place of Business<br><b>11962 SW 136 PLACE<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Mailing Address<br><b>11962 SW 136 PLACE<br/>MIAMI, FL 33186</b>                                                |  |
| 2. Principal Place of Business<br><b>4005 N.W. 114 Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | 3. Mailing Address<br><b>4005 N.W. 114 Ave</b>                                                                  |  |
| Suite, Apt. #, etc.<br><b>Sie. 23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | Suite, Apt. #, etc.<br><b>Sie. 23</b>                                                                           |  |
| City & State<br><b>Miami FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | City & State<br><b>Miami FL</b>                                                                                 |  |
| Zip<br><b>33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | Country<br><b>U.S.</b>                                                                                          |  |
| 4. Name and Address of Current Registered Agent<br><b>MERLIN, MAURA L<br/>11962 SW 136 PLACE<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 5. FEI Number<br><b>20-3040613</b>                                                                              |  |
| 6. Name and Address of New Registered Agent<br><b>MARIA SACCHETTI L<br/>11190 N.W. 73 TERRACE<br/>MIAMI FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                        |  |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           | DATE                                                                                                            |  |
| FILE NOW! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | B. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |  |
| TITLE<br><b>P</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME<br><b>MERLIN, MAURA L</b>                                            | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| STREET ADDRESS<br><b>11962 SW 136 PLACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | NAME<br><b>P. D. SACCHETTI L MARIA</b>                                                                          |  |
| CITY - ST - ZIP<br><b>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | STREET ADDRESS<br><b>11190 N.W. 73 Terr.</b>                                                                    |  |
| TITLE<br><b>VP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME<br><b>SACCHETTI, MARIA L</b>                                         | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| STREET ADDRESS<br><b>11190 NW 73 TERRACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | STREET ADDRESS<br><b>MIAMI, FL 33178</b>                                                                        |  |
| CITY - ST - ZIP<br><b>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| STREET ADDRESS<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| STREET ADDRESS<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                             |  |
| CITY - ST - ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition | CITY - ST - ZIP<br><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, and all other like empowered. |                                                                           |                                                                                                                 |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Date: <b>04/21/2006</b> 786-619-4931                                                                            |  |

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ATTACHMENT

April 21, 2006

66022017  
# P05000088442

AGENTE IMMOBILIARE CORP.

This certifies that Maura L. Merlin has transferred all stock of Agente Immobiliare Corp., to Maria Luisa Sachetti in the amount of \$ 100.00

Maura L. Merlin  
Maura Merlin

6/16/06  
Date

Maria Luisa Sachetti  
Maria Luisa Sachetti