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2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2006 8:00 am Secretary of State 03-03-2006 90115 005 ***150.00 DOCUMENT # P05000143921 1. Entity Name IVY D.C.S.A. INVESTMENTS, INC. **QUUPS** Principal Place of Business Mailing Address 848 BRICKELL AVE NUE 848 BRICKELL AVE NUE SUITE 700 SUITE 700 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 407 LINCOLN 407 LINCO LN RD #Suite, Apt. #, etc. Suite, Apt. #, etc. 02102006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For MIAMI BEACH 20-3779873 MIAMI BEACH a p. Not Applicable Zip 33/34 Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURAI WALD BIONDO MORENO & BROCHIN, PA Street Address (P.O. Box Number is Not Acceptable) TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134 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 printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THLE ☐ Delete TITLE ☐ Change NAME NAME MIGUEL A. AGUADO GAVILAN STREET ADDRESS STREET ADDRESS 407 LINCOLN RO CITY-ST-ZIP CITY+ST-7IP MIAMI BEACH FL. 33139 Delete ☐ Change Addition TITLE TITLE ANCEL E. TORRES NAMÉ NAME STREET ADDRESS STREET ADDRESS MIRMI BEACH PL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change HILE Addition TITLE JOSE ARRIO NAME NAME 848 BRICKELL DIE #700 STREET ADDRESS STREET ADDRESS City-St-ZIP CUY-\$1.7P mipmi h. 33131 TITLE Delete TITLE ☐ Change ■ Addition NAME NALRE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.ST.ZIP 1ITLE ☐ Delete ☐ Channe TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. ANGER P. JULIES SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO Davime Phone

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