


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # G45505 1. Entity Name COFRAN INTERNATIONAL CORPORATION	
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Principal Place of Business C/O CHRISTIAN GARCES DE MARCILLA 1500 NW 94 AVENUE MIAMI, FL 33172	Mailing Address C/O CHRISTIAN GARCES DE MARCILLA 1500 NW 94 AVENUE MIAMI, FL 33172
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2305005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE MARCILLA, CHRISTIAN GARCES 1500 NW 94 AVENUE MIAMI, FL 33172
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCES DE MARCILLA, CHRI 1500 N W 94 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAS, BERNARD 128 FBG ST HONORE PARIS, FR
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAS, JEAN-PIERRE 14 QUAI ANTOINE LER MONACO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAS, GEORGES 128 FBG ST HONORE PARIS, FRANCE 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GARCES, CRISTIAN 14000 S.W. 20 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/10/06-80100-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE Christian Garces de Marcilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 305 994 0222
Date Daytime Phone #