

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90287 011 ***150.00

DOCUMENT # P02000071615

1. Entity Name
ESTRADA MANAGEMENT CORP.



Principal Place of Business
25594 S.W. 122ND PLACE
HOMESTEAD, FL 33032

Mailing Address
~~25594 S.W. 122ND PLACE~~
HOMESTEAD, FL 33032

2. Principal Place of Business
3671 N.W. 100 Street
Suite, Apt. #, etc.

3. Mailing Address
25513 Uresti Road
Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Edinburg, Texas

4. FEI Number
50-0004054

Applied For
Not Applicable

Zip Country
33147 U.S.A.

Zip Country
78541 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, JESUS JR
25594 S.W. 122ND PLACE
HOMESTEAD, FL 33032

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3671 N.W. 100 Street
City Miami FL Zip Code 33147

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTRADA, JESUS 25594 S.W. 122ND PLACE HOMESTEAD, FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3671 N.W. 100 Street Miami FL 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AIXA ESTRADA 3671 N.W. 100 Street Miami FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #