## 2006 FOR PROFIT CORPORATION

## **FILED** May 01, 2006 08:00 AM

ANNUAL REPURI				Secretary of State			
1. Entity Nan	MENT # 298253					ary or a	·······
Principal Place 2008-12 E I TAMPA, FL		Mailing Address 2008-12 E BROADWAY TAMPA, FL 33605	-	A VENERINE AVER	I HISTO TINCE COREL ROCKI INC	e andle boden divers sidie s	<b>(\$</b> 6) <b>1:8</b> 5/ <b>17</b> ( 6:7 <b>11</b> )
E	OO NOT WRITE		CE	01202006 4. FEI Numb 59-110		CR2E034 (11	Applied For Not Applicable Additional
2008 12 E TAMPA, F		-		IN 7	NOT W	ACE	
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 at the obligations of registered agent.  SIGNATURE  Signature, typed or pinted name of registered agent and olde if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOWIN FEE IS \$150.00  9. Efection Campaign Financing \$5.00 May Be							wilh, and accept
TIG. TIBLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	E NOWIR FEE IS \$150.00  OFFICERS AND D  PD FERNANDEZ, DANILO V 2008 12 E. BROADWAY TAMPA, FL  D FERNANDEZ, CARMELINA 2008 12 E. BROADWAY TAMPA, FL  D FERNANDEZ, CARMELINA 2008 12 E. BROADWAY TAMPA, FL  D FERNANDEZ, DANILO JR. 2008 12 E. BROADWAY TAMPA, FL	Trust Fund Contribution.		DO	000000 05/11/06- NOT W THIS SP		150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the information supplied with this filling 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:

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR