


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 386078</b>	
1. Entity Name 1261 S.W. 5TH STREET CORPORATION	

Principal Place of Business 1541 S.W. 4TH ST. APT. #4 MIAMI, FL 33135	Mailing Address 1541 S.W. 4TH ST. APT. #4 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



02182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1361569	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

LEAL, EVIDIO  
1541 S.W. 4TH STREET  
APT. #4  
MIAMI, FL 33135

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000443702 03/06/06-80021-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, FRANCISCO GUANA 846 HYDE PARK PUERTO RICO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEAL, EVIDIO 1541 SW 4TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, RAQUEL M. GUANA 846 HYDE PARK PUERTO RICO,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVIDIO LEAL 1541 S.W. 4TH ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Evidio Leal Evidio Leal VP Feb 27/06 (305) 649 9078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone