2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

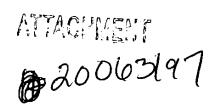
Secretary of State DOCUMENT # 491923 07-13-2005 90013 004 ***150.00 1. Entity Name EDUGLA, INC. Principal Place of Business Mailing Address 782 N.W. LEJEUNE ROAD 115 S.W. 8 STREET SUITE #428 MIAMI, FL 33130 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1651398 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALONSO, GLADYS Street Address (P.O. Box Number is Not Acceptable) 782 N.W. LEJEUNE ROAD **SUITE #428** MIAMI, FL 33126 City 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 Squature, typed or printed name of registered agent and bite if epolicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALONSO, EDUARDO NAME 2130 S.W. 7 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP D Oelete TITLE ☐ Change ☐ Addition ALONSO, GLADYS NAME NAME STREET ADDRESS 2130 S.W. 7 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TOLE ☐ Delete TITLE Channe ☐ Addition ALONSO, GLADYS NAME NAME STREET ADDRESS 2130 S.W. 7 AVE STREET ADDRESS CITY-SI-7/P MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 of the corporation or the receiver or trus changed, or on an attachment with an'a

OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 13, 2005 8:00 am

Daytime Phone #



July 6, 2005

Department of State

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: EDUGLA, INC

Doc # 491923 782 N.W. LeJeune Road

Suite # 428

Miami, Florida 33126

Gentleman:

Enclosed please find Uniform Business Report, and a check in the amount of \$150.00, I never received the form to file it.

Please abate any penalties since were never received the form.

Thanking you for your cooperation

Gladys Alonso

782 N.W. LeJeune Road

Suite # 428

Miami, Florida 33126