2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003196

Entity Name: HOJA DE CUERO S.A.

City-St-Zip:

UMATILLA, FL 32784

FILED Apr 12, 2006 Secretary of State

Littly Nai	ile. HOJA D	L COLRO S.A.			
Current Principal Place of Business:			New Principal Place of Business:		
	BERLANE DF , FL 32784	RIVE			
Current Mailing Address:			New Mailing Address:		
	BERLANE DF , FL 32784	RIVE			
FEI Number:	: 98-0336245	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
38430 TIM	ANNA S D BERLANE DF , FL 32784	R. US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD (RHODES JR, 38430 TIMBEI UMATILLA, FL	RLANE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STD (RHODES, ANI 38430 TIMBEI UMATILLA, FL	RLANE DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (RHODES III, V 38430 TIMBEI UMATILLA, FL	RLANE DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition RHODES III, WILLIAM M 3149 FULMER CIRCLE, S. TALLAHASSEE, FL 32303	
Title: Name: Address:	D (RHODES, RO 38430 TIMBE		Title: Name: Address:	D (X) Change () Addition RHODES, ROBERT P 2315 OVERLOOK DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MOUNT DORA, FL 32557

SIGNATURE: ANNA S RHODES STD 04/12/2006