


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000001791 1. Entity Name CORMORANT ENTERPRISES INC.					
Principal Place of Business 3326 MARY STREET, SUITE 603 MIAMI FL 33133			Mailing Address 3326 MARY STREET, SUITE 603 MIAMI FL 33133		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 88-0469630	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DIAZ, JOSE A 3326 MARY STREET, SUITE 603 MIAMI FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DIAZ, JOSE A 3326 MARY STREET, SUITE 603 MIAMI FL 33133			000000486930 04/13/06-80059-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]			[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]			[Change] [Addition]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ J.A. Diaz 3/25/06 315 444 3177					