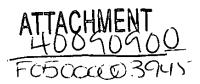
2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

May 11, 2006 8:00 am Secretary of State DOCUMENT # F05000003945 05-11-2006 90243 001 ***150.00 EL CID ASSOCIATES, INC. Principal Place of Business Mailing Address 12000 N. BAYSHORE DRIVE UNIT 105 N. MIAMI FL 33181 12000 N. BAYSHORE DRIVE UNIT 105 N. MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address 12000 5.4ME Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For 65-07 Not Applicable 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 Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CPD ☐ Delete TITLE Change Addition WEINSTEIN, SIDNEY NAME NAME STREET ADDRESS 12000 N. BAYSHORE DRIVE UNIT 105 STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 33181 CITY-ST-ZIP VC ☐ Delete TITLE Change ☐ Addition WEINSTEIN, SIDNEY NAME STREET ADDRESS 12000 N. BAYSHORE DRIVE UNIT 105 STREET ADDRESS CITY - ST- 718 N. MIAMI FL 33181 CITY-ST-7IP Delete _ THE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 distee 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.

FILED



Please excuse my late payment due to the fact that I thought I had sent this check out in March but I just found this form yesterday in my office. The reason I guess I forgot was that I have been getting cancer treatments since the beginning of March until the end of April and was in a lot of pain all that time. This was the reason my mind was not working to full capacity and I didn't even think about the form.

I am really sorry that this is getting to you a week late but I hope you will accept the \$150 instead of the \$550 penalty that I see you have on the form. I have not been working for some time now and just cannot afford this at this time.

I want to thank you for this consideration, Sid Weinstein.