2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000637

Entity Name: PARQUE INDUSTRIAL DUARTE CO.

DE LEDESMA, NICOLE B

SANTO DOMINGO,, DR

KM 22 1/2 AUTOPISTA DUARTE

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: KM 22 1/2 AUTOPISTA DUARTE SANTO DOMINGO,, DR **Current Mailing Address: New Mailing Address:** KM 22 1/2 AUTOPISTA DUARTE SANTO DOMINGO,, DR FEI Number: 98-0484727 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERNANDEZ, JOSE A 22715 CAMINO DEL MAR BOCA RATON, FL 33433 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HERNANDEZ SALAS, JOSE' ANTONIO Name: Name: KM 22 1/2 AUTOPISTA DUARTE Address: Address: City-St-Zip: SANTO DOMINGO,, DR City-St-Zip: Title: Title: () Delete () Change () Addition Name: ALVARADO DE HERNANDE, MARCIA I Name: KM 22 1/2 AUTOPISTA DUARTE Address: Address: SANTO DOMINGO,, DR City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HERNANDEZ DE RODRIGU, SARA I Name: Name: KM 22 1/2 AUTOPISTA DUARTE Address: Address: City-St-Zip: SANTO DOMINGO,, DR City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE ANTONIO HERNANDEZ SALAS P 04/27/2007