## FILED Feb 03, 2006 8:00 am Secretary of State

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| ANNUAL         | REPORT |   |
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| Section   Price   Price   Process   Price             | DOCU  | DOCUMENT # F95071                                  |                                  |                              |               |                             | 02-03-2006 9001 5 049 ***1 50.00 |                          |              |              |              |
|---|---|--|----------------------------------|------------------------------|---------------|-----------------------------|----------------------------------|--------------------------|--------------|--------------|--------------|
| 9.415 SURSET DR, SUITE 183 MAM, FL 33173  2. Principal Place of Business  3. Malling Address  Suite, Apt. #, etc.  0.1132006 ChgP CR2634 (11/05)  City & Saste  Cry & Saste  Cry & Saste  Cry & Saste  Country  6. Name and Address of Current Registared Agent  LOPEZ-AGULAR, HENRY A 9415 SW SUNSET DR.  SUITE 111  Corpy  FL Zip Code  8. The above named drifty, Jubrica bits assessment for the purpose of changing its registered office or registered agent, or both, in the State of Rouse.  Cry & FL Zip Code  8. The above named drifty, Jubrica bits assessment for the purpose of changing its registered office or registered agent, or both, in the State of Rouse.  1. The Above named formly, Jubrica bits assessment for the purpose of changing its registered office or registered agent, or both, in the State of Rouse.  1. The Above named formly, Jubrica bits assessment for the purpose of changing its registered office or registered of the No. Above No. And Address of No. And           | 1. Entity Name  |  |                                  |                              |               |                             |                                  |                          |              |              |              |
| Sulle, Apt. #, etc.    Sulle, Apt. #, etc.  | 9415 SUNSE  | 5 SUNSET DR., SUITE 183 9415 SUNSET DR., SUITE 183 |                                  |                              |               |                             |                                  |                          |              |              |              |
| Cey & State  City & State  A . FET Number   | Principal Place of Business     3. Mailing Address  |  |                                  |                              |               |                             |                                  |                          |              |              |              |
| Sp. 2217260   Na Applicable   Sp. 2217260   Sp. Country           | Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                                  |                              | 01132006      | Chg-P                       | CR2E034                          | (11/05)                  |              |              |              |
| B. Name and Address of Current Registered Agent   | City & Stat   | & State City & State                               |                                  |                              |               |                             |                                  |                          |              |              |              |
| Name: Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.  SIGNATURE:         | Zip   | C  | Country                          | Zip                          | Cour          | ntry                        | 5. Certificate                   | e of Status Desired      |              |              |              |
| ## STREET ANGRESS OTT-S1-2P  TILE  ## DARDER MARIA DEL CARMEN  SHEET ANGRESS  GTT-S1-2P  TILE  ## DARDER MARIA DEL CARMEN  ## DARDER MARIA DEL        |   | 6. Name and  | d Address of Current             | Registered Agent             |               | Nama:                       | 7. Name an                       | d Address of New R       | egistered Ag | ent          |              |
| And the Aboven named entity submits this statement for the purpose of changing its registered deflice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    City   FL   Zip Code  | 9415 SW SUNSET DR.  |  |                                  |                              |               |                             |                                  |                          |              |              |              |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the doubleward of the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for the State of Florida. I am lamiliar with, and accept the doubleward for Florida. I am lamiliar with, and accept finds and find        |   |  |                                  |                              | City          |                             |                                  | FI                       | Zip Code     | 9            |              |
| SIGNATURE    Signature, typoid or printed name of registered agent and little if spokedate.   (NOTE, Registered Agent agentative recurred when remetating)   DATE   |   |  |                                  | r the purpose of changing it | s register    | l<br>ed office or register  | red agent, or b                  | oth, in the State of Flo |              | niliar with, | and accept   |
| FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  TILE  P ARDER, MARIA DEL CARMEN  MAKE  UP ARTICLE TORIVE #183  CITY-ST-2P  MIAMI, FL 33173  TILE  VP Delete  TILE  OP Delete  TILE  OR STRET ADDRESS  CITY-ST-2P  MIAMI, FL 33173  Delete  TILE  OR Delete  TILE  OR DELET ADDRESS  CITY-ST-2P  OR DELET ADDRESS  CITY-ST-2P  TILE  OR DELET ADDRESS  CITY-ST-2P  OR DELET ADDRESS  CITY-ST-2P  TILE  OR DELET ADDRESS  CITY-ST-2P  OR DELET ADDRESS  CITY-ST-2P  TILE  OR DELET  TILE  OR DELE |   | tions of registered                                | d agent.                         |                              |               |                             |                                  |                          |              |              |              |
| Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE P DARDER, MARIA DEL CARMEN MAKE SIREI ADDRESS CITY 51.2P MIAMI, FL 33173 CITY-51.2P  ITILE VP Delete TITLE NAME CAYRO, LAZARA SIREI ADDRESS CITY-51.2P MIAMI, FL 33173 CITY-51.2P  ITILE NAME CITY-51.2P Delete TITLE NAME SIREI ADDRESS CITY-51.2P CITY-51.2P  ITILE NAME SIREI ADDRESS CITY-5        | SIGNATURE   | Signature, typed or pri                            | inted name of registered agent ( | and title if applicable. (NO | TE: Registere | ed Agent signature required | d when reinstating)              |                          | DATE         |              |              |
| TITLE NAME DARDER, MARIA DEL CARMEN SIRET ADDRESS CITY- ST-2IP  TITLE VP CAYRO, LAZARA SIRET ADDRESS CITY- ST-2IP  TITLE NAME SIRET ADD        |   |  |                                  |                              |               |                             |                                  |                          |              |              |              |
| NAME SIREET ADDRESS CITY-ST-2IP TITLE VP CAYRO, LAZARA SIREET ADDRESS MIAMI, FL 33173  TITLE VP MAME CAYRO, LAZARA SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP TITLE MAME SIREET ADDRESS C        | 10.   |  | OFFICERS AND                     | DIRECTORS                    | 11.           |                             | ADDITIONS                        | /<br>CHANGES TO OFFI     | CERS AND D   | IRECTORS     | 3 IN 11      |
| SIREI ADDRESS CITY-ST-ZPP MIAMI, FL 33173  ITILE VP CAYRO, LAZARA SIREI ADDRESS CITY-ST-ZPP  CAYRO, LAZARA SIREI ADDRESS CITY-ST-ZPP  Delete ITILE NAME SIREI ADDRESS CITY-ST-ZPP  Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete TITLE NAME SIREI ADDRESS CITY-ST-ZPP Delete Delete Delet        | l   | T  | ARIA DEL CARMEN                  |                              |               |                             |                                  |                          | (            | ☐ Change     | ☐ Addition   |
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| NAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173    Delate   | <b></b>   | <del></del>  | 3173                             |                              |               |                             |                                  |                          | r            | 7 Chanca     | ☐ Addition   |
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| NAME STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   Change   Addition   NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   NAME   Addition   NAME   Change   Addition   NAME   Change   Addition   NAME   Change   Addition   NAME   Change   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS          | l   |  |                                  |                              |               |                             |                                  |                          |              |              |              |
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| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.   |   |  |                                  |                              |               |                             |                                  |                          |              |              |              |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.  | l   |  |                                  |                              |               |                             |                                  |                          |              |              |              |
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| SIGNATURE: 02/01/06   | of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 10 or Block 11 if |  |                                  |                              |               |                             |                                  |                          |              |              |              |
|   | SIGNAT  | ſIJRF∙   | 18                               | 000                          |               |                             |                                  | 02/01/06.                |              |              |              |