2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2006 08:00 AM **Secretary of State** DOCUMENT # G02018 1. Entity Name BLANQUITA ORTHOPEDIC INC. Principal Place of Business Mailing Address % RAUL ALVAREZ % RAUL ALVAREZ 6831 W. 4TH AVE. 6831 W. 4TH AVE. HIALEAH, FL 33014 HIALEAH, FL 33014 02272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2225252 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE ALVAREZ, RAUL 6831 W. 4TH AVE. HIALEAH, FL 33012 IN THIS SPACE 6. 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 DATE Signature, twoed or printed name of registered agent and title if applicable. ffVOTE: Registered Agent signature required when retristating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ALVAREZ, RAUL 1370 NW 76 STREET STREET ACCRESS HIALEAH, FL 33014 CITY-ST-ZIP U00000458980 03/18/06-80008-010 150.00 TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental epon is true and accurate and that my signature shall have the same fegal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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