2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G21221

1. Entity Name
LINSO, INC.

Principal Place of Business	Mailing Address
1453 ALTON ROAD MIAMI, FL 33139	1453 ALTON ROAD MIAMI, FL 33139

DO NOT WRITE IN THIS SPACE

02102006   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2249996

Applied
Not Ap:

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PROVEDO, RAMON P.
90 S.W. 79TH AVENUE
MIAMI, FL 33144

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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 the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

03/21/06-80093-001 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	PROVEDO, RAMON P.
STREET ADDRESS	90 S.W. 79TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 6 changed, or on an attachment with an address, with all other like empowered.