## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G34655  1. Entity Name NATIONAL FILTER CORP.								FILED			
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US  2. Principal Place of Business			2 S N	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 US				AR 28 PA			
				Suite, Apt. #, etc.				<b>uibii bibii bibi</b> i	i <b>Blai</b> h Bibhi Dìoil	841 H 1841	
Suite, Apt. #, etc.							02252006	Chg-P	CR2E03	34 (11/05)	plied For
City & State				City & State		4. FEI Numb 59-227	-		Not	Applicable	
Zip	Country			Zip Cour		itry	5. Certificate	of Status Desired		\$8.75 Addi ee Required	
	6. Name	and Address of Curre	nt Regis	stered Agent		7. Name and Address of New Registered Agent Name					
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY						Street Addres	s (P.O. Box Numb	er is Not Acceptable	)	<del></del>	
SUITE 200 MIAMI, FL 33145											
						City			FL	Zip Code	ı
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											
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$300 Trust Fund Contribution.							55.00 May Be dded to Fees				
10.		OFFICERS AN	D DIRE		11.			CHANGES TO OFF			
NAME STREET ADDRESS CITY-SI-ZIP		ODOLFO SR /. 36TH AVE. L	Defete		<b>I</b>	61 04/0	000693 4/0601028	395 <u>4</u> }017	<b>1.¥™©</b> **158.	□ Addition . 75	
ITILE NAME STREET ADDRESS CITY-SI-ZIP	BLAIN, MAGALI 1305 N.W. 36TH AVE.					E IE EET ADDRESS '-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete TI BLAIN, RODOLFO JR 2761 N.W. 16TH TERRACE S					E NE EET ADDRESS '-ST-ZIP			<u>.</u>	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2761 N.W. 16TH TERRACE					E ME EET ADDRESS (-ST-ZIP	W. W.			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLAIN, DAMIAN 1305 N.W. 36TH AVE.					E ME EET ADDRESS Y-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		, d	R 3	5/28 Delete	CITY	AE EET ADDRESS 1-ST-ZIP				Change	☐ Addition
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 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.											
SIGNATURE:  SIGNATURE:  SIGNATURE AND TO FED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR  Dato  Dato  Despring Priore F											