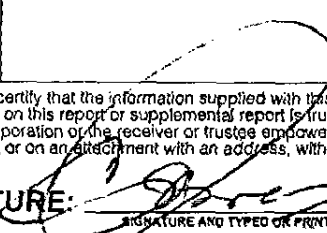


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L74433</b><br>1. Entity Name<br><b>RES-PO' CORPORATION</b>                                                                                                                                                                |                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Principal Place of Business<br><b>6520 SW 24 STREET<br/>MIAMI, FL 33155-1844</b>                                                                                                                                                        |                                                                   | Mailing Address<br><b>6520 SW 24 STREET<br/>MIAMI, FL 33155-1844</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                       |                                                                   | <br>03012006    No Chg-P    CR2E034 (t1/05)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PORRES, CANDIDA<br/>6715 SW 26 TERR<br/>MIAMI, FL 33155</b>                                                                                                                   |                                                                   | 4. FEI Number<br><b>65-0242636</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|                                                                                                                                                                                                                                         |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 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.           |                                                                   | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| SIGNATURE _____<br><small>Signature typed or printed name of registered agent and title if applicable</small>                                                                                                                           |                                                                   | <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                           |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                       |                                                                   | 11. 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 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <b>PSD<br/>PORRES, CANDIDA<br/>6715 SW 26 TERR.<br/>MIAMI, FL</b> | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
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| <b>SIGNATURE:</b>  <b>CANDIDA PORRES</b> 3-3-06    305-666-7830<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                                                                   | <small>Date</small> <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |