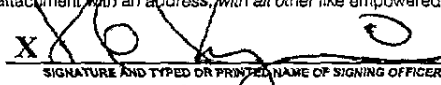


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M62278 1. Entity Name PROMOCIONES HISPANAS, INC.			
Principal Place of Business C/O PEDRO A. IZAGUIRRE 12846 S.W. 8TH STREET MIAMI, FL 33184		Mailing Address C/O PEDRO A. IZAGUIRRE 12846 S.W. 8TH STREET MIAMI, FL 33184	
DO NOT WRITE IN THIS SPACE			
		01112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0014373	Applied For ☐ Not Applicable ☐
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IZAGUIRRE, PEDRO A. 12846 S.W. 8TH ST MIAMI, FL 33184		DO NOT WRITE IN THIS SPACE	
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 _____ 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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000392346 01/24/06-80077-019 150.00	
TITLE	DP		
NAME	IZAGUIRRE, PEDRO A.		
STREET ADDRESS	12846 SW 8TH ST		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
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.			
SIGNATURE: X 		PEDRO A. IZAGUIRRE, PRES. 01/11/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #