2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N02000004181

Entity Name: CLARITA FILGUEIRAS-FLAMENCO PURO, INC.

Current Principal Place of Business:

16 MARABELLA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

16 MARABELLA AVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 30-0147323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FILGUEIRAS, CLARA
16 MARABELLA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SMD	( ) Delete
Name:	MAY, FRANK R	
Address:	29520 SW 199 AVE.	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	TD	( ) Delete
Name:	FILGUGIRAS, JULIO	
Address:	16 MARABELLA AVE.	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VPD	( ) Delete
Name:	PACHECO, LUISTA	
Address:	4151 GATELANE BAY POINT	
City-St-Zip:	MIAMI, FL 33137	
Title:	D	( ) Delete
Name:	ABREU, MILENA	
Address:	2979 SOUTHWEST 14 STREET	
City-St-Zip:	FORT LAUDERDALE, FL 333145	
Title:	D	( ) Delete
Name:	CUSTIN, DAVID R	
Address:	6401 SW 113 PL.	
City-St-Zip:	MIAMI, FL 33173	
Title:	D	(X) Delete
Name:	BROWN, JAMES	
Address:	1140 W 29 ST. APT. 30	
City-St-Zip:	HIALEAH, FL 33012	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA FILGUEIRAS P 01/05/2006

Electronic Signature of Signing Officer or Director — Date