2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001662

FILED Mar 09, 2006 Secretary of State

Entity Name: TERCIARIOS DE LOS SAGRADOS CORAZONES, INC.

Current Principal Place of Business: New Principal Place of Business: 2700 GLADES CIRCLE 5785 SW 160 AVENUE SUITE 110 SOUTHWEST RANCHES, FL 33331 WESTON, FL 33327 **Current Mailing Address: New Mailing Address:** 2700 GLADES CIRCLE 5785 SW 160 AVE SUITE 110 SOUTHWEST RANCHES, FL 33331 WESTON, FL 33327 FEI Number: 56-2319390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE LOS SAGRADOS, TERCIARIOS DE LOS SAGRADOS, TERCIARIOS 2700 GLADES CIRCLE 5785 SW 160 AVENUE SUITE 110 SOUTHWEST RANCHES, FL 33331 US WESTON, FL 33327 US 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: HERNAN CORDOBA 03/09/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MANGIAMELI, DAVID Name: Name: DON VIGANO NO 23 Address: Address: City-St-Zip: GARBAGHAE ILANESE ITALY, OC City-St-Zip: Title: VD () Delete Title: () Change () Addition SANABRIA, EDGAR Name: Name: Address: CARRERA 18 #54N-15 Address: City-St-Zip: POPAYAN COLOMBIA, City-St-Zip: Title: () Delete Title: () Change () Addition CORDOBA, HERNAN Name: Name: 1129 BIRCHWOOD RD Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: ZARMATI, LUZ K Name: 1129 BIRCHWOOD RD Address: Address: City-St-Zip: WESTON, FL 33327 City-St-Zip: Title: Title: () Delete () Change () Addition FILIPPI, ADOLFO Name: Name: STRADA GOTI LOCALITA BELEVEDERE 27 Address: Address: SAN GIORGIO PLACENTINO ITALY, OC City-St-Zip: 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: HERNAN CORDOBA SECR 03/09/2006