2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006765

FILED Apr 26, 2006 Secretary of State

25 S.E. SECOND AVENUE SUITE 1235 MIAMI, FL 33131 Current Mailing Address: 25 S.E. SECOND AVENUE SUITE 1235 MIAMI, FL 33131 FEI Number: 65-0828582 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: SANTOS, MAURO C 25 S.E. SECOND AVENUE SUITE 1235 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Name: MAGALHAES, MARIO Name: MAGALHAES, MARIO Name: MAGALHAES, MARIO Name: N						
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: D () Delete Title: () Change () Addition Name: MAGALHAES, MARIO Address: 105 SE 2ND ST. City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 Title: D () Delete Title: () Change () Addition Name: LEONEL, ROSANA Address: 168 SE 1ST STE STE 904 Address: 168 SE 1ST STE STE 904 City-St-Zip: MIAMI, FL 33134 Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: D () Delete Title: () Change () Addition Name: GALDI, ROSALINA Name: Address: 200 SE 1ST ST #506			submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
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	Name:	GALDI, ROSAL 200 SE 1ST ST	ÎNA r #506	Name: Address:	() Change () Addition	

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: MARIO MAGALHAES D 04/26/2006