


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90031 036 \*\*\*158.75

<b>DOCUMENT # P00000000197</b> 1. Entity Name <b>RESTREPO ASSOCIATES, INC.</b>					
Principal Place of Business <b>9737 NW 41 STREET #186 MIAMI, FL 33178</b>			Mailing Address <b>9737 NW 41 STREET #186 MIAMI, FL 33178</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STROM, MAX</b> <b>9737 NW 41 STREET #186</b> <b>MIAMI, FL 33178</b>				Name <u>Daniel Torres</u> Street Address (P.O. Box Number is Not Acceptable) <u>9737 NW 41st St. #186</u>  City <u>Miami</u> <span style="float: right;">FL</span> <span style="float: right;">Zip Code <u>33178</u></span>	
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 <u>Daniel Torres / Daniel Torres</u> <span style="float: right;">01/17/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STROM, MAX</b> <b>9737 NW 41 STREET #186</b> <b>MIAMI, FL 33178</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Daniel Torres</u> <u>9737 NW 41st St. #186</u> <u>Miami, FL 33178</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Daniel Torres / Daniel Torres</u>			<u>01/17/06</u> <small>Date</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		