2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2006 8:00 am Secretary of State

DOCUMENT # P0000016677 1. Entity Name EGO, INC.					1		90078 018 ***150	
Principal Place of Business Mailing Address 7086 NW 5711 NW 112TH AVE. 109 COURT 305 MIAMI, FL 33178 MIAMI, FL 33178					цо∨ _. -	. 	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business 5661 NW 112 TH AvG Suite, Apt. #, etc.		3. Mailing Address 5661 NW 112 TM AVE Suite. Apt. #. etc.						
# 10Y City & State		# (OY City & State			04102006 4. FEI Numbe	Chg-P	CR2E034 (11/05)	plied For
Zip Country 33178 USA		DORAL, FL.	Zip Country		65-0983 5. Certificate	2246 of Status Desired	□ \$8.75 Add	
321	1 1		<u> </u>		7. Nama and		Fee Require	d
	6. Name and Address of Current F		7. Name and	Address of New R	egistered Agent			
OSORIO, DIEGO 5711 NW 112TH AVE #305				Name Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33178								
			City	ř.				
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 tide 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 \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTORS	S IN 11
TITLE	PSTD	☐ Delete	TITLE	2317	>		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	OSORIO, DIEGO 7086 SW 109 CT. MIAMI, FL 33178		NAME STREET ADDRESS CITY-ST-ZIP	5661	Lio, Di6 NW 15 N., Fl.	274 Ave #	104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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12. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exemptions of	ontained in	n Chapter 119	Florida Statutes. I	further certify that the in	nformation

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 officer or 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.

GNATURE:

| Comparison | Comparison

SIGNATURE: