

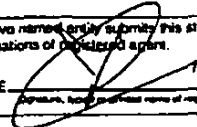
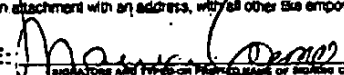
Amended **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

04-28-2006 90144 034 ***150.00
P00000017636

FILED

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SECRETARY OF STATE
66017490
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017636					
1. Entity Name MARGOMES, CORP.					
Principal Place of Business 12993 S.W. 112TH STREET MIAMI, FL 33186			Mailing Address 12993 S.W. 112TH STREET MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0987140	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERMINELLO, NANCY, ESQ TERMINELLO & TERMINELLO, P.A. 2700 S.W. 37TH AVENUE MIAMI, FL 33133			7. Name and Address of New Registered Agent JOAO GONCALVES Street Address (P.O. Box Number is Not Acceptable) 12993 S.W. 112th Street City Miami, FL 33186		
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, the registered agent.					
SIGNATURE 		JOAO GONCALVES		DATE 5/25/06	
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONCALVES, JOAO 12993 S.W. 112TH STREET MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GONCALVES, MARIA GOMES 12993 S.W. 112TH STREET MIAMI, FL 33186 ☐ 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		DATE 4/27/06			