## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DAPED OR PRINTED

## **Secretary of State DOCUMENT # P00000059840** 01-23-2006 90124 034 \*\*\*150.00 MODERATTO INTERNATIONAL, INC. Mailing Address Principal Place of Business 40000011 3701 N. COUNTYR CLUB DRV., APT. 402 3701 N. COUNTYR CLUB DRV., APT. 402 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address 30 90 Red MANGROWI LAWR S. 3090 Red MANGREWE LANG 5. Suite, Apt. #, etc 01042006 CR2E034 (11/05) Cha-P Applied For City & State 4 FEI Number City & State EL MUIA BEAL DANIA BLA 65-1038906 Not Applicable Country 45/ Country \$8.75 Additional 5. Certificate of Status Desired 33312 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHONBERG, DIANA Street Address (P.O., Box Number is Not Acceptable) 30 90 Red MANGROUS LANCE 3701 N. COUNTYR CLUB DRV., APT. 402 AVENTURA, FL 33180 DANIA BEACH 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 8. The above name the obligations of egistered agent VICEREMOENT 1 AUBERTO H. HABEL 17/06 SIGNATURE. and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PΠ ☐ Delete TITLE Change SCHONBERG, DIANA NAME NAME 3090 RED HANGEROUS LANG SOUTH STREET ADDRESS 3701 N. COUNTYR CLUB DRV., APT. 402 STREET ADDRESS DANIA BEACH, CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP STD TITLE ☐ Delete TITLE Change ☐ Addition HABER, ALBERTO NAME NAME 3090 RED MANGROUN LAWE SOUTH STREET ADDRESS 3701 N. COUNTYR CLUB DRV., APT. 402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHONBERG, YAEL NAME NAME STREET ADDRESS 18184 COLLINS AVENUE STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on 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.

FILED Jan 23, 2006 8:00 am