2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: X

TORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 08, 2006 8:00 am Secretary of State DOCUMENT # P00000060128 1. Entity Name 03-08-2006 90193 031 ***150 00 INVERSORA E & D. CORP. Principal Place of Business Mailing Address 6015 NW 87TH AVENUE 6015 NW 87TH AVENUE **MIAMI FL 33178 MIAMI FL 33178** CR2E034 (10/05) 1st MOORE City & State Hiami - FL City & State ami - FC Applied For 4. FEI Number 65-1021640 Not Applicable Country Zip 33/78 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, RUBEN Street Address (P.O. Box Number is Not Acceptable) 6015 NW 87TH AVENUE **MIAMI FL 33178** Zip Code 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, typed or printed name of registered agent and tate if applicable (NOTE: Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TOTALE ☐ Delete TITLE ☐ Change ☐ Addition NAME DIAZ, RUBEN NAME STREET ADDRESS STREET ADDRESS 6015 NW 87TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 DILE ☐ Delete TITLE Change ■ Addition NAVARRO, ZENAIDA NAME NAME STREET ADDRESS STREET ADDRESS 6015 NW 87 AVE CITY-ST-ZIP MIAMI FL 33178 CITY-ST-ZIP □ Delete TYLE III. Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE [] Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP nne Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED