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

SIGNATURE

Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # P00000077528 1. Entity Name 02-20-2006 90045 049 ***150.00 REVUELTA INVESTMENTS, INC. Principal Place of Business Mailing Address 9845 SW 49 STREET MIAMYFL 33165 9845-SW-49-STREET-MIAMI-FL 33165 2. Principal Place of Business 3. Mailing Address 210 DEXTER P.O.BSV Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1032841 TAVERNICE Mernier Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3**5**070 3*3*090 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REVUELTA REVUELTA, JULIAN JR. Street Address (P.Q. Box Number is Not Acceptable) -9845-SW-49-STREET Dexter **MIAMI FL 33165** Threenie. Zin 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 obligatio is of registered agen 2-7-06 SIGNATI tille it applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TIFLE ☐ Defete TITLE REVUELTA, JULIAN JR. NAME NAME 210 Dexter Ct STREET ADDRESS 9845 SW 49 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP ☐ Defete TITLE TIRE Addition 210 Dexter cut REVUELTA, MARY STREET ADDRESS 9845-SW-49 STREET STREET ADDRESS TAVERNIER 71 33070 CITY-ST-7IP MIAMI FL 33165 CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 of 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 requirer 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 attactment with an address, with all other ke empowered.

IGMNG OFFICER OR DIRECTOR

FILED

Daytime Phone #