2006 FOR PROFIT CORPORATION

Mar 15, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P01000004150** 03-15-2006 90112 028 ***150.00 QUINTERO - OSORIO, INC. Principal Place of Business Mailing Address 4158 FOREST DRIVE 4158 FOREST DRIVE WESTON, FL 33332 WESTON, FL 33332 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1065993 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINTERO, FERNANDO DO NOT WRITE 4158 FOREST DRIVE WESTON, FL 33332 IN THIS SPACE 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 title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ΡN TITLE QUINTERO, FERNANDO NAME STREET ADDRESS 4158 FOREST DRIVE CITY-ST-ZIP WESTON, FL 33332 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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. In all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/06

FILED