

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90130 009 ***158.75

DOCUMENT # P01000006054					
1. Entity Name OURO PRETO, INC.					
Principal Place of Business 468 SE 1ST STREET 1103 MIAMI, FL 33131-1403			Mailing Address P.O. BOX 310725 A 102 MIAMI, FL 33231-0125		
2. Principal Place of Business 168 SE 1st STREET			3. Mailing Address		
Suite, Apt. #, etc. SUITE 1103			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State		
Zip 33131-1403		Country		Zip Country	
4. FEI Number 65-1073691				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHERS, AMADEUS 19500 W DIXIE HWY, A102 ADVENTURA, FL 33180			7. Name and Address of New Registered Agent Name <u>RICHERS, AMADEUS</u> Street Address (P.O. Box Number is Not Acceptable) <u>3300 PEMBROKE ROAD,</u> <u>LOT. 815</u> City <u>HOOLYWOOD</u> FL Zip Code <u>33021</u>		
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 <u>[Signature]</u> DATE <u>03.15.2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P RICHERS, AMADEUS 19500 WEST DIXIE HIGHWAY STE A 102 AVENTURA, FL 331802258	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03.15.2006</u> Daytime Phone # <u>(786) 271-0367</u>		