
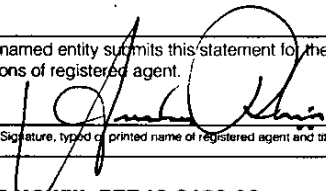
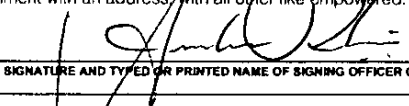


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 033 ***158.75

DOCUMENT # P01000006054 1. Entity Name OURO PRETO, INC.					
Principal Place of Business 168 SE 1ST STREET SUITE 1103 MIAMI, FL 33131-1403			Mailing Address P.O. BOX 310725 A 102 MIAMI, FL 33231-0125		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RICHERS, AMADEUS 3300 PEMBOKE ROAD LOT 815 HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name Amadeus Richers Street Address (P.O. Box Number is Not Acceptable) 1000 SW 125th Ave Apt 207 City Penbroke Pines FL Zip Code 33027	
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.					
SIGNATURES  01.22.2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <input checked="" type="checkbox"/> Delete 19500 WEST DIXIE HIGHWAY STE A 102 AVENTURA, FL 331802258		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richers Amadeus 1000 SW 125th Ave Apt 207 Penbroke Pines FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete		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: 			01.22.07 (786) 271-0367 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40008792



01192007 Chg-P CR2E034 (12/06)

4. FEI Number **65-1073691** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required