2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver of thanged, or on an attachment

SIGNATURE:

FILED DOCUMENT # P01000006543 May 01, 2006 08:00 AM Secretary of State 1. Estity Name DA EWOO CORP. Principal Place of Business Mailing Address 7392 NW 35TH TERR 7392 NW 35TH TERR MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-1067747 Not Applica Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONATO, REGINA Street Address (P.O. Box Number is Not Acceptable) 7392 NW 35TH TERR 206 MIAMI FL 33122 City 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 accounts the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed remaind registered agent and title if applicable DATE (NOTE: Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fo Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete HILE ☐ Change ☐ AC RITLE U00000550494 NAME MAME NETO, FRANCISCO D 05/13/06-80064-002 50.00 STREET ADDRESS 7392 NW 35TH TERR STREET ADDRESS City-57-712 CITY-ST-IP MIAMI FL 33122 ☐ Change ☐ A·** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP Change. \square THE ☐ Delete mu NAMS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete. Change ☐ A... TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-SI-ZIP Change Ac-TITLE ☐ Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dolete HTLE Change □ A. TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Plus filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or directive to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block with all other like empowered. 12. I hereby certify that the information su indicated on this report or supplement

04/25/06 786-621-433