2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 17, 2006 8:00 am Secretary of State **DOCUMENT # P01000018487** 05-17-2006 90016 050 ***150.00 VIRGI CORP Principal Place of Business Mailing Address 6403 BOCA CIRCLE 6403 BOCA CIRCLE 40092851 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address 5W 66 AVE 22605 SW 66 AVE 22605 Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 CR2E034 (11/05) 409B City & State 4. FEI Number Applied For ħ. BOCA RATION RATON 65-1077962 Not Applicable Country Zip 33428 Country \$8.75 Additional 5. Certificate of Status Desired 33428 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAGNOLATTI, MARIA A Street Address (P.O. Box Number is Not Acceptable) 6403 BOCA CIRCLE BOCA RATON, FL 33433 27605 SW 66 AVE BOCA RATON 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. MARIA A. CAGNOLATTI, PRESIDENT SIGNATURE. . Signature d or tripled hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PΠ TITLE Change ☐ Addition Delete CAGNOLATTI, MARIA A NAME NAME 22605 SW GG AVE 409 B 6403 BOCA CIRCLE STREET ADDRESS STREET ADDRESS BOCA RATON FZ 33428 BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-7IP VPD ☐ Delete TITLE TITLE Change Addition DE ANQUIN, JORGE NAME NAME 22605 SW 66 AVE 409 B 6403 BOCA CIRCLE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP BOCA RATON Fr 33428 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MARIA A. CAGNOLATTI , PRES

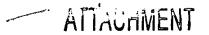
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(954) 248-8039

Daytime Phone #

3/14/06



Department of the Treasury-Internal Revenue Service

§ 1040 U.S. Individual Income Tax Return For the year Jan. 1-Dec. 31, 2005, or other tax year beginning ending OMB No. 1545-0074 Label Your first name Suffix M.i. Last name Your social security number MARIA CAGNOLATTI 594-89-4358 instructions If a joint return, spouse's first name Suffix Last name Spouse's social security number on page 16.) Use the IRS JORGE DE ANQUIN 922-71-5736 label. Home address (number and street). If you have a P.O. box, see page 16. Apt. no. You must enter Otherwise, 2 LENOX COURT 701 your SSN(s) above. please print City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. Checking a box below will not or type. change your tax or refund. SUFFERN **Presidential** Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) You Head of household (with qualifying person). (See page 17.) Single If the qualifying person is a child but not your dependent, Filing Status 2 X Married filing jointly (even if only one had income) enter this child's name here. Married filing separately. Enter spouse's SSN above and full name here. First name SSN Last name Check only First name Last name оле рох. Qualifying widow(er) with dependent child (see page 17) Boxes checked 6a | X | Yourself, If someone can claim you as a dependent, do not check box 6a . . . on 6a and 6b **Exemptions** No. of children on 6c who: c Dependents: (4) V if qualifying (3) Dependent's lived with you (2) Dependent's relationship child for child tax social security number did not live with (1) First name Last name to you redit (see page 19) you due to divorce If more than four or separation (see page 20) dependents, see Dependents on 5c 0 page 19. П not entered above Add numbers on 2 d Total number of exemptions claimed . . lines above Income 66,751 Wages, salaries, tips, etc. Attach Form(s) W-2 Taxable interest. Attach Schedule 8 if required 8a 0 Attach Form(s) ol Tax-exempt interest. Do not include on line 8a W-2 here. Also 0 Ordinary dividends. Attach Schedule B if required 9a attach Forms 0 W-2G and

O Taxable refunds, credits, or offsets of state and local income taxes (see page 23) 1099-R if tax 10 10 was withheld. 11 n 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 O If you did not 0 Other gains or (losses). Attach Form 4797 14 14 get a W-2, 0 b Taxable amount (see page 25) 15b 15a see page 22. Pensions and annuities 16a 0 b Taxable amount (see page 25) 0 16b 16a -7.281 Enclose, but do 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 not attach, any 18 18 0 n payment. Also, 19 Unemployment compensation . . . 19 Social security benefits 20a Ō 20b b Taxable amount (see page 27) please use 20a Form 1040-V. Other income. List type and amount (see page 29) 21 21 59,470 22 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 0 23 £. **Adjusted** 24 Certain business expenses of reservists, performing artists, and 0 fee-basis government officials. Attach Form 2106 or 2106-EZ. . . . 24 Health savings account deduction, Attach Form 8889 25 0 25 0

Gross Income

26 Moving expenses. Attach Form 3903 26 0 27 One-half of self-employment tax. Attach Schedule SE 27 28 0 28 0 29 Self-employed health insurance deduction (see page 30) 29 30 0 30 O 31a Alimony paid b Recipient's SSN 31a 32 32 0 33 Student loan interest deduction (see page 33) 33 0 0 Tuition and fees deduction (see page 34) . . . 34 34

35

Domestic production activities deduction, Attach Form 8903.

Add lines 23 through 31a and 32 through 35

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