2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 19, 2007
Secretary of State

DOCUMENT# P01000022223

Entity Name: CONTRERAS HOLDINGS, INC.

Current Principal Place of Business:

13741 N DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13741 N DALE MABRY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3701370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRERAS, DORA N
13741 N DALE MABRY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONTRERAS, DORA N
Address: 13741 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: VP ( ) Delete
Name: CONTRERAS, FERNANDO
Address: 13741 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: FLORES, MIGUEL A
Address: 1227 LORETTO CIR
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Change (X) Addition
Name: FLORES, MARGARITA
Address: 11209 MADISON PARK DRIVE
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Change (X) Addition
Name: GALVEZ, SILVIA
Address: 11006 CLOVERLAND PL
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORA N CONTRERAS PD 05/19/2007

Electronic Signature of Signing Officer or Director — Date