## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2006 8:00 am Secretary of State

DOCUMENT # P01000027731  1. Entity Name SUANCHA CALDERON INTERNATIONAL, INC.								03-15-2006	90105 0	26 ***15	0.00	
Principal Place of Business			N	Mailing Address								
2707 N.W. 79 ST Miami, FL 33147 US				99 WEST PLAZA Miami, Fl 33147 US								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01132006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State		4. FEI Number 65-1086606			Applied For Not Applicable			
Zip	Country			Zip Co		itry 5. Certif		e of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent							7. Name an	d Address of New F				
GRADOS, JUAN R						Name						
2707 N.W. 79 ST MIAMI, FL 33147					Street Address (P.O. Box Number is Not Acceptable)							
MINIMI, FL 33147												
						City			FL	Zip Cod	6	
			ent for the	purpose of changing its	register	ed office or regist	ered agent, or b	oth, in the State of Fl	orida. I am f	amiliar with,	and accept	
the obligations of registered agent.  SIGNATURE												
	Signature, typed	or printed name of registere	agent and title	if applicable. (NOT	E: Registere	ed Agent signature requir	ed when reinstating)	1	DATE			
FILE NOWI!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	DOTE	OFFICERS	AND DIRE		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND			
TITLE NAME	PSTD Delete III					1				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2707 N.W					EET ADDRESS (-ST-ZIP						
TITLE	MIAMI, FL 33147 CITY VPD Delete TITL					<del>  </del>				Change	Addition	
NAME	1	ON, MARIA ALIRIA	<b>\</b>	22 55.00	NAM	IE						
STREET ADDRESS CITY-ST-ZIP						EET ADORESS (-ST-ZIP						
TITLE				☐ Delete	TITL	I .				Change	Addition	
NAME Street address					nam Stri	EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE NAME				Deleta	TITL Nam					Change	☐ Addition	
STREET ADDRESS					4	EET ADORESS						
CITY-ST-ZIP				☐ Delete	TITL	-ST-ZIP				☐ Change	Addition	
NAME	ŀ				NAM	IE				- outlings	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADORESS -ST-ZIP					1	
TITLE				☐ Delete	TITL				<del></del>	☐ Change	☐ Addition	
NAME STREET ADORESS					NAM STRE	EET ADORESS						
CITY-ST-ZIP						-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 of 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.												
SIGNAT	SIGNATURE: JULY SUPPLIED STATE OF SUPPLIED STATE											