2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P01000037612 UBALDO BLANCO, G.C., INC. Principal Place of Business Mailing Address 437 GOLDEN ISLES DRIVE 437 GOLDEN ISLES DRIVE HALLANDALE, FL 33009 HALLANDALE, FL 33009 01172006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1096775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. DO NOT WRITE 2450 SW 137TH AVE., STE 221 MIAMI, FL 33175 IN THIS SPACE 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 SIGNATURE. Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DILE NAME BLANCO, UBALDO STREET ADDRESS 437 GOLDEN ISLES DRIVE 110000392169 01/24/06-80070-010 150.00 CATY - ST - ZOP HALLANDALE, FL 33009 TITLE MAME Chech # 1730 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-S1-71P TITLE IN THIS SPACE NAME STREET ADDRESS CITY ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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

FILED

Jan 20, 2006 08:00 AM