

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90061 001 ***150.00
07-12-2006 90061 002 *****8.75

66021696



07062006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000038990 1. Entity Name FUNDACION GREGORIANA, INC.					
Principal Place of Business 3291 SOUTH US 1 FORT PIERCE, FL 34982			Mailing Address 3291 SOUTH US 1 FORT PIERCE, FL 34982		
2. Principal Place of Business 3241 South U.S. 1 Suite, Apt. #, etc.		3. Mailing Address 3241 South U.S. 1 Suite, Apt. #, etc.			
City & State Fort Pierce Florida Zip Country 34982 Saint Lucie		City & State Fort Pierce, Florida Zip Country 34982 Saint Lucie		4. FEI Number 65-1097521	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREGORIANA, HERMANDA 5761 S. ORANGE BLOSSOM TRAIL, #6 ORLANDO, FL 32839			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Alvaro D. Tabares</i></u> DATE <u><i>7-8-06</i></u> <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TABARES, ALVARO 3241 SOUTH US 1 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Alvaro D. Tabares</i></u>			Date <u><i>7-8-06</i></u>		