


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90198 050 \*\*\*150.00

**DOCUMENT # P01000044112**  
1. Entity Name  
C. PADRON SURVEYORS, INC.



Principal Place of Business 4216 SW 10 AVE CAPE CORAL, FL 33914	Mailing Address 4216 SW 10 AVE CAPE CORAL, FL 33914
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40001851



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3715877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
PADRON, CECILIO E  
4216 SW 10TH AVE  
CAPE CORAL, FL 33914

**DO NOT WRITE 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 Cecilio E. Padron President DATE 01-10-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PADRON, CECILIO E 4216 SW 10 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PLANES, ELENA A 4216 SW 10 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RIVAS, ERNESTO M 241 SW 38TH STREET CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: [Signature] DATE 01-10-06 DAYTIME PHONE # (239)549-4412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR