## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P01000045745  1. Entity Name PUEBLO VIEJO II, INC.						05-01-2006 90479 048 ***150.00				
Principal Plac		Mailing Address					EAA	1 880	2	
1301 S HWY US 1 FT PIERCE, FL 34950		1301 \$ HWY US 1 FT PIERCE, FL 34950					900	1770	3	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172006	Chg-P	CR2E0	34 (11/05)		
City & State		City & State			4. FEI Numbe			<del></del>	plied For t Applicable	
Zip	Country	Zip	Zip Coun			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u>'                                     </u>	Name		7. Name and	Address of New R	legistered A	gent	
MARTINEZ, JAVIER										
291 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984-5089				Street Address (P.O. Box Number is Not Acceptable)						
	;··· `									
				City				FL	Zip Cod	e
	named entity submits this statement fi ions of registered agent.  Signature, typed or printed name of registered agen					ed agent, or bot	n, in the State of Fic	DATE	amiliar with,	and accept
FIL After Ma	: E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Camp. Trust Fund Cor		ncing 🔲	<b>\$5.</b> Adde	00 May Be ed to Fees				-
10.	OFFICERS AND DIRECTORS 11					ADDITIONS/	CHANGES TO OFF	ICERS AND		
title Name	P Detete ITT MARTINEZ, JAVIER							_	Change	☐ Addition
STREET ADDRESS	1142 SW EMPIRE ST.			ET ADDRESS	237	1 SWK	AWFORD . Ucie, FL.	DΤ.	_	
CITY-ST-ZIP				-ST-ZIP	PORT	5 ST. L	icie, FL.	3498-	<u>5</u>	Addition
TITLE NAME	VP Delete TITL RODRIGUEZ, STEPHANIE O								Change	Addison
STREET ADDRESS	331 SW MAJESTIC TERRACE STR			ET ADORESS			ARANJA I		3 3	
CITY-SI-ZIP				-ST-ZIP			Lucie, FL			Addition
TITLE NAME		☐ Defete	titli Nam	E E	HE	ector F	RODRIGUE LILEAN ST LVCIE, FL	Z	change	Accilion
STREET ADDRESS				ET ADORESS	714	NE GAL	LILEAN ST	3 HG 6	2	
CITY-ST-ZIP				-ST-ZIP	FOR	1 57.	LVCIE, FL	. 3790	☐ Change	☐ Addition
title Name	☐ Delete		TITL! NAM						Change	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE	☐ Delete TI								☐ Change	Addition
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Detete	TITL						☐ Chánge	Addition
NAME STREET ADDRESS			NAM STRE	et address						
CITY-ST-ZIP				-ST-ZIP	<u></u>					
12 I horeby	portify that the information expedied wit	b this files does not publify:	for the ex	ampliage c	ontained	Lin Chanter 110	Florida Statuton I	further cert	ify that the in	nformation

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.

PRESIDENT

GNATURE:

ON OF THE PROPRIES AND TYPED OR PRINTED NAME OF STRUMP OF THE DRIVER OF THE PROPRIES AND TYPED OR PRINTED NAME OF THE PROPRIES AND TYPED OR PROPRI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #