## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

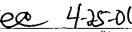
## FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P01000047208  1. Entity Name CALLE OCHO HOLDINGS, INC.					05-02-2006	90197 050 ***150	0.00
Principal Place of Business		Mailing Address		<del> </del> .	••		
3663 SW 8TH ST.		3663 SW 8TH ST.					
THIRD FLR.		THIRD FLR.					
MIAMI, FL 33135		MIAMI, FL 33135	MIAMI, FL 33135		96)S)   6 )   5 )   70     6 )	(1 650) BISH (BbIS (10)) BS(8) [1	II <b>CO</b> I 41 4881
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #. etc.		Chg-P	CR2E034 (11/05)	
City & State		City & State	City & State		3974	<del></del>	oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	legistered Agent	
N							
3663 SW 8			Street Address		(P.O. Box Number is Not Acceptable)		
THIRD FLO   MIAMI; FL							
, <i>i</i> .			City			FL Zip Cod	e
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.							
$\cdot$							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees							
10. OFFICERS AND DIR			11.	ADDITIONS.	CHANCES TO OEE	ICERS AND DIRECTOR	C IAL 11
me	PD	Delete	111LE	ADDITIONS/	CHANGES TO OFF	Change	Addition
NAME	VALLS, FELIPE A JR	LJ Deicie	NAME			Change	L_J Kountin
STREET ADDRESS	3663 SW 8TH ST. THIRD FLOOF	₹	STREET ADDRESS				
CHY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP				
MILE	SD	Delete	TITLE			Change	Addition
NAME	TORRES DE NAVARRA, CARLO		NAME				
STHEET ADDRESS	3663 SW 8TH ST. THIRD FLOOF	₹	STREET ADDRESS CULY-ST-ZEP				
CITY-ST-7IP	MIAMI, FL 33135		_				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CHY-ST-ZIP				
TITLE		Delete	BILE	- · <del></del>		☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				Ì
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		C) Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME. STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		C Delete	1ITLE			☐ Change	Addition
NAME		- Junio	NAME			<u> </u>	
STREET ADDRESS			STREET ADDRESS				!
GITY-ST-ZIP			CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filling does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



305) 446 4916