2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P01000052832 1. Entity Name					May 01, 2006 08:00 AM Secretary of State				
LOPREST INC.	I INVESTMENT COMPAN	Y OF MIAMI BEACH,			A contract of the contract of				
Principal Plac	e of Business	Mailing Address			}				
3850 SW 8 ST. CORAL GABLES FL 33134		1150 N.W. 72ND AVE. STE. 555 MIAMI FL 33126 US							
2. Principal Place of Business		3. Mailing Address			1/2	() 		11000 10100 11110 -11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)					
City & State		City & State			4. FEI Numb	65-11069	178		pplied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent			7. Name an	d Address of Ne	w Registered	Agent	· · · · · · · · · · · · · · · · · · ·
1 OCCUPATION OF			Nan	Name					
137	PRESTI, JUAN D 60 SW 30TH ST MI FL 33175		Stree	treet Address (P.O. Box Number is Not Acceptable)					
			City			, , , , , ===	FL	Zip Cod	ie
	named entity submits this statementions of registered agent.	t for the purpose of changing its r	egistered offic	e or register	red agent, or b	oth, in the State of	Florida, I am	familiar with,	and accept
SIGNATURE						<u>.</u>			
	Signature, typed or printed name of registered ag	ent and lifts if applicable (NOTE:	Registered Agent s	ignature required	f when rainstaling)		פאוב		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550, k Payable to Florida Department	00				9. Election Car Trust Fund (mpaign Financ Contribution.		00 May Be ad to Fees
10.	OFFICERS AT	ND DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11
DILE	PTSD	Delete	TSSLE	}				Change	Addition Addition
	LOPRESTI, JUAN D 1150 N.W. 72ND AVE., #555		NAME. STREET ADDRE	ss			0555650		45
CITY-ST-ZIP	MIAMI FL 33126			CITY-ST-ZIP		95/16/06	<u>-80040-0</u>		U telelilian
TITLE NAMC		Delete	TITLE NAME					☐ Change	Addition
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CITY-ST-ZIP			ETTY-ST-ZIP						
TITLE		☐ Delete	TOYLE	}				Change	
NAME STREET ADDRESS			name Street addri	ec					
DITY-ST-77P			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI CITY-ST-ZIP	ESS					
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NAME	}	La Doiete	NAME						
STREET ADDRESS			STREET ADDRE	ESS					
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TITLE		Colete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			name Street addri	ESS					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affect as it 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:

Juan D. Robesti