2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P01000071962 1. Entity Name FERGRA, INC. Principal Place of Business Mailing Address 13290 S.W. 88TH LANE 13290 S.W. 88TH LANE SUITE 209A SUITE 209A MIAMI, FL 33186 MIAMI, FL 33186 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0580303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NAVARRA, FERNANDO M 13290 S.W. 88TH LANE SUITE 209A IN THIS SPACE MIAMI, FL 33186 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME NAVARRA, FERNANDO M 13290 S.W. 88TH LANE STREET ADDRESS U00000348333 05/02/05-80021-005 150.00 MIAMI, FL 33186 CITY-ST-ZIP VD TITLE NAME FLOREZ, GRACIELA STREET ADDRESS 13290 S.W. 88TH LANE CITY-ST-ZIP MIAMI, FL 33186 SD TITLE VILLAMIZAR, LORENA NAME 13270 S.W. 88TH LANE- SUITE 209A STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33186 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERNANDO L

wares

(305) 385-5867

Daytime Phone #

FILED