

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000077769 1. Entity Name HIGH PROMOTION CORP.	
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Principal Place of Business 540 BRICKELL KEY DR 1800 MIAMI, FL 33131	Mailing Address 540 BRICKELL KEY DR 1800 MIAMI, FL 33131
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02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1134398	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALAZAR, MIGDALIA 540 BRICKELL KEY DR 1800 MIAMI, FL 33131
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

**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	PSD SALAZAR, MIGDALIA 540 BRICKELL KEY DR APT. 1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SALAZAR, SORAYA 540 BRICKELL KEY DR APT. 1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PACHECO, JEANETTE 540 BRICKELL KEY DR. APT. 1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, MARIA TERESA 540 BRICKELL KEY DR. APT. 1800 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/06-80043-005 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

feb 17 / 2006

Date Daytime Phone #