2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084513

Entity Name: LOLIN ARCIA DESIGN, INC.

FILED Jul 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1200 SW 125 AVE 12500 SW 65 STREET

#204 STE 302

PEMBROKE PINES, FL 33027 US PEMBROKE PINES, FL 33027

Current Mailing Address: New Mailing Address:

9900 STIRLING ROAD 5220 S UNIVERSITY DR

211 STE C-102 COOPER CITY, FL 33024 US DAVIE, FL 33328

FEI Number: 65-1132411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILVA, FERNANDO SILVA'S ENTERPRISE, INC.
9900 STIRLING ROAD 5220 S UNIVERSITY DR
SUITE 211 STE C-102

COOPER CITY, FL 33024 US DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA 07/26/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DE ARCIA, LOLA CHIQUITO Name: DE ARCIA, LOLA CHIQUITO Name: 1200 SW 125 AVENUE APT 204 12500 SW 65 STREET STE 302 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD () Delete Title: VD (X) Change () Addition

Name: ARCIA, HECTOR Name: ARCIA, HECTOR

 Address:
 1200 SW 125 AVENUE APT 204
 Address:
 12500 SW 65 STREET STE 302

 City-St-Zip:
 PEMBROKE PINES, FL 33027
 City-St-Zip:
 PEMBROKE PINES, FL 33027

Title: TD () Delete Title: TD (X) Change () Addition

Name: RASKING, MARIA G Name: RASKING, MARIA G

Address: 1200 SW 125 AVENUE APT 204 Address: 12500 SW 65 STREET STE 302
City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA CHIQUITO DE ARCIA PD 07/26/2006