


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085487	
1. Entity Name PREMIUM TENTS MFG., INC.	

Principal Place of Business 3584 NW 49TH STREET MIAMI, FL	Mailing Address 3584 NW 49TH STREET MIAMI, FL
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DO NOT WRITE IN THIS SPACE

FILED
06 APR 27 AM 11:54
TALLAHASSEE, FLORIDA



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1134296	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUERRA, MARLEN 3584 NW 49TH STREET MIAMI, FL	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARAZA, PABLO 1480 WEST 46TH STREET #102 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUERRA, MARLEN 224 NW 136TH PLACE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIJARES, JOSE M 5494 W. 26 CT. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRADO, MANUEL F 180 E. 8 ST. HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Caraza 4-21-06 305-634-6014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #