2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE

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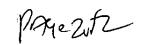
DOCUMENT # P01000086048 SECRETARY OF STATE DESCARGA PRODUCTION INC. DIVISION OF CORPORATIONS 07 DEC -5 AMII: 09 Principal Place of Business Mailing Address 4743 N.W. 112 COURT 4743 N.W. 112 COURT MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 12042007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number City & State City & State 65-1137090 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORONADO, NESTOR Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY SUITE 21 MIAMI, FL 33155 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. VP Addition 🗷 Delete TITLE Change TITLE 300113157333 12/14/07--01041--013 **61.25 ECHEVERRY, ELKING NAME NAME 4743 NW 112 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33178 ☐ Change ■ Addition Delete TITLE TITLE MENGUAL, HENSTEIN NAME NAME 4743 NW 112 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE SILVERA, CARMEN A NAME NAME STREET ADDRESS STREET ADDRESS 4743 NW 112 COURT CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 reserver or trustee disposered 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Page 10th



2007 FOR PROFIT CORPORATION

AMENDED ANNUAL REPORT										
DOCUMENT # P01000086048								•		
1. Entity Name						İ				
DESCARGA PRODUCTION INC.										
Principal Plac	e of Busines	·s	Mailing Address			1				
4743 N.W. 112 COURT			4743 N.W. 112 COURT			1				
MIAMI, FL 33178			MIAM, FL 33178				ECISI			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, e≇c.			Suite, Apt. #, etc. City & State			12042007	Chg-P	CR2E034 (12/0	Applied For	
City & State						4. FE. Numb 65-113			Not Applicable	
Zip			Zip Coun		try	<u> </u>	of Status Desired	Fee Requ	Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	d Address of New R	Registered Agent		
CORONAL 7360 COR		OR				(P.O. Bux Numb	er is Not Acceptable	e)		
SUITE 21										
MIAMI, FL 33155			City		City			FL Zip C	ode	
8. The above	named entit	ly submits this statement fo	or the purpose of changing it	s reg ster	ed office or registe	ered agent, or bo	oth, in the State of Flo		tn, and accept	
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 Squarure lyced or protect name of registered agent and bue it applicable. (NOTE Registered Agent signature required when								DATE		
9. Election Campaign Financing \$5.00 Amended AR is \$61.25 Trust Fund Contribution. Added to										
10. OFFICERS AND			DIRECTORS	<u> </u>	ADDITIONS	/CHANGES C OFF	ICEPS AND DIRECTO	CRS IN 11		
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STREET ADDRESS				NAMI STRE	ET ADDRESS					
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12. I hereby	cert fy that the	e information supplied with	this filing poes not qualify	or the exe	emptions contained	d in Chapter 11	9, Florida Statutes, 1	further certify that the	e information	
12. I hereby certify that the information supplied with this filing potes not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information incleated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if mede under dath; that I am an efficiency of the comporation or the reserver or trustee emprovement the executer 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.										
CICNAT	riibe(de la	anh /							
SIGNATURE: DESCRIPTION OF BIGNING OFFICER OR DIRECTOR DESCRIPTION OF DESCRIPTION										