

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90060 013 ***150.00

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02082006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000112021 1. Entity Name EBRO SERVICES II CORPORATION					
Principal Place of Business 8337 WEST FLAGLER STREET MIAMI, FL 33144			Mailing Address 8337 WEST FLAGLER STREET MIAMI, FL 33144		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1155224	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE SOUSA FERNANDEZ, JOSE FRANCISCO	NAME			
STREET ADDRESS	536 BILTMORE WAY	STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DA SILVA NOVAL, ACRISCO	NAME			
STREET ADDRESS	536 BILTMORE WAY	STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DO ROSARIO LOURENCE, MARIO	NAME			
STREET ADDRESS	536 BILTMORE WAY	STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOUSA FERNANDEZ, CARLOS ALBERTO	NAME			
STREET ADDRESS	536 BILTMORE WAY	STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE SOUSA FERNANDEZ, MIGUEL ANGEL	NAME			
STREET ADDRESS	536 BILTMORE WAY	STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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:		02/15/06		786 306 7093	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	