## 2006 FOR PROFIT CORPORATION

## Mar 31, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000114837** 03-31-2006 90015 006 \*\*\*150.00 OBANDO CRUZ INVESTMENT GROUP INC. Principal Place of Business Mailing Address 50007545 3935-37 NW 7 STREET 3935-37 NW 7 STREET MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 01-2359744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPEJO ALFONSO, OBANDO Street Address (P.O. Box Number is Not Acceptable) 3935-37 NW 7 STREET MIAMI, FL 33126 3935 NW 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. A Change DΡ TITLE X Delete TITLE ★ Addition ESPETO MIGUEL OBANDO, ALFONSO NAME 3935 NW 750 STREET ADDRESS 3935-37 NW 7 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE **D**elete Addition ☐ Change OBANDO, EDGAR NAME NAME NW STREET ADDRESS 3935-37 NW 7 ST STREET ADDRESS CITY-ST-ZIP MIAMÍ, FL 33126 CITY-ST-ZIP 33126 IAMI TITLE Delete TITLE ☐ Change X Addition OBANDO, VILMA C NAME 3935-37 NW 7 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 33126 CITY-ST-7IP TITLE X Delete TITLE □ Change ☐ Addition OBANDO, MAURICIO NAME NAME STREET ADDRESS 3935-37 NW 7 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition

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 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 addres with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED**