## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED DOCUMENT ##02000019910 06 DEC 11 PM 3: 41 ORAZAL REAL ESTATE INVESTMENTS CO. SECRETION STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4141 SW 6TH STREET P.O. BOX 351597 MIAMI, FL 33135 MIAMI, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **7**11302006 Chq-P CR2E034 (11/05) City & State 4 FEI Number Applied For City & State 01-0603063 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORGE DE LA CRUZ-MUNOZ, ESQ. Street Address (P.O. Box Number is Not Acceptable) DUNWOODY WHITE & LANDON, PA 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134 City Zip Code FΙ 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP **⊠** Change TITLE D Delete TITLE Addition HUERTAS, NORKI NAME NAME Mary Lou Rodon, Personal Representative STREET ADDRESS 9240 SW 72 ST., STE. 117 STREET ADDRESS 2222 Ponce de Leon Blvd. PH CiTY-ST-ZiP MIAMI, FL 33173 CITY-ST-ZIP Coral Gables, FL 33134-5030 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 700082637447 12/19/06--01029--003 \*\*61 STREET ADDRESS STREET ADDRESS \*\*61.25 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME 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 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. Rodon, Personal Rep. SIGNATURE: Mary Lou Rodon, Personal Rep. NOTO THE RESCRIPTION OF Lazaro Fraga Date

Davime Phone #