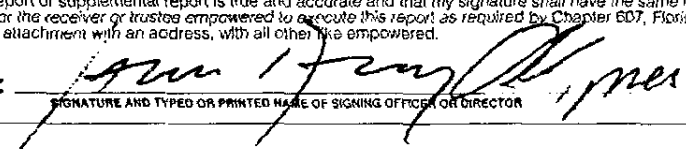


FILED
Feb 27, 2006 08:00
Secretary of Stat

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000026147		
1. Entity Name PRINCETON 628 HOLDINGS, INC.		
Principal Place of Business 628 ZAMORA AVENUE CORAL GABLES, FL 33134		Mailing Address 150 SE 2ND AVENUE SUITE #1200 MIAMI, FL 33131
DO NOT WRITE IN THIS SPACE		
		 01122006 No Chg-P CR2E034 (11/05)
4. FEI Number 32-0008061		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVE SUITE 1200 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE
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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 000000447228 01/08/06-80047-008 158.75 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE OLIVEIRA FILHO, SAMUEL AUGUSTO 628 ZAMORA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE OLIVEIRA FILHO, SAMUEL AUGUSTO 628 ZAMORA AVENUE CORAL GABLES, FL 33134	
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TITLE NAME STREET ADDRESS 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 1; if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/27/06 +551 99636406 Daytime Phone #