2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 20, 2006
Secretary of State

DOCUMENT# P02000030546

Entity Name: KATSI CORPORATION

Current Principal Place of Business:

1545 SW 27 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1545 SW 27 AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 01-0644222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERMINELLO, LOUIS J ESQ
TERMINELLO & TERMINELLO, PA
2700 SW 37 AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

LOPEZ, MARIA T ESQ
MARIA T LOPEZ PA
759 NW 22 AVENUE
MIAMI, FL 33125 US

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.

SIGNATURE: MARIA LOPEZ 12/20/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: KATTOURA, CAROLINA I
Address: 1545 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

Title: V (X) Delete
Name: KATTOURA, CAROLINA I
Address: 1545 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

Title: VP (X) Delete
Name: SILVA, OSCAR
Address: 1545 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SILVA, OSCAR F
Address: 1545 SW 27 AVE
City-St-Zip: MIAMI, FL 33145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR SILVA PTSD 12/20/2006
Electronic Signature of Signing Officer or Director Date