

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90196 001 ***150.00
 03-14-2006 90196 002 *****5.00
 03-14-2006 90196 003 *****8.75

DOCUMENT # P02000032776

1. Entity Name
HUMBERTO GABRIEL GOMEZ DE MOLINA CORPORATION



Principal Place of Business Mailing Address

**144 SW 30TH CT.
 #144
 MIAMI, FL 33135** **7575 SW 28 TERRACE
 MIAMI, FL 33155**

2. Principal Place of Business 3. Mailing Address

7575 SW 28 TERRACE Suite, Apt. #, etc.


City & State City & State

MIAMI FLORIDA **MIAMI FLORIDA**

Zip Country Zip Country

33155 **DADE**

66005061



03012006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
04-3608795 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DE MOLINA, HUMBERTO G
 7575 SW 28 TERRACE
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent

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 Humberto Gabriel Gomez de Molina DATE 03-08-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 03-08-06

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GEOP DE MOLINA, HUMBERTO G 7575 SW 28 TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TOCABENS, MARTA 7575 SW 28 TERRACE MIAMI, FL 33155 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Humberto Gabriel Gomez de Molina Date 03-08-06 Daytime Phone # 305-2814935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR