

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2006 8:00 am**  
**Secretary of State**

09-15-2006 90003 001 \*\*\*150.00  
09-15-2006 90003 002 \*\*\*\*\*8.75

66024061



09122006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000038388		
1. Entity Name NAZCA SERVICES INC.		

Principal Place of Business 9300 S. DIXIE HWY SUITE 200 MIAMI, FL 33156	Mailing Address NAZCA SERVICES P.O. BOX 56-5832 MIAMI, FL 33256
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2. Principal Place of Business 7765 SW 86th ST	3. Mailing Address PO BOX 56-5832
Suite, Apt. #, etc. # 106	Suite, Apt. #, etc.

City & State MIAMI FL	City & State MIAMI FL
Zip 33143	Country DADE
Zip 33256	Country DADE

6. Name and Address of Current Registered Agent HIGA, KATHERINE 9300 S. DIXIE HWY #200 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name: HIGA, KATHERINE (SAME) Street Address (P.O. Box Number is Not Acceptable) 7765 SW 86th ST # 106 City: MIAMI FL Zip Code: 33143	
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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: *Katherine Higa* DATE: 9/13/06

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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGA, KATHERINE 9300 S. DIXIE HWY #200 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - SECRETARY ALBERTO M. CUBA 7765 SW 86th ST # 106 MIAMI FL 33143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEREDIA, SILVANA 9300 S. DIXIE HWY #200 MIAMI, FL 33156 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Katherine Higa* KATHERINE HIGA DATE: 9/13/06 DAYTIME PHONE: 305-596-2625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR