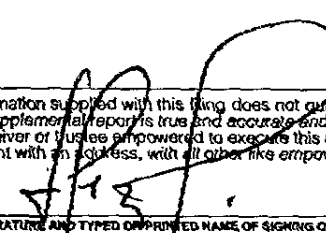


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000056426 1. Entity Name THE FIFTH MOUNTAIN, CORP.		
Principal Place of Business 122 GABLES BLVD WESTON, FL 33326	Mailing Address 122 GABLES BLVD. WESTON, FL 33326	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FORZAN, SERVIO T 122 GABLES BLVD. WESTON, FL 33326		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 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORZAN, SERVIO T 780 NW 42 AVE, STE 420 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRA DE FORZAN, DANYLKA 780 NW 42 AVE, STE 420 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 11 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		



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0554012	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

U00000486190
04/13/06-80027-012 150.00

**DO NOT WRITE
IN THIS SPACE**

3/27/06 (954)2613250
Date Daytime Phone #