

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 14 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08102006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0474154 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HUMBERTO, MACIAS
901 PENNSYLVANIA AVENUE
STE 1
MIAMI BEACH, FL 33139

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 Macias
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/09/06
DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HUMBERTO, MACIAS ☐ Delete
STREET ADDRESS 901 PENNSYLVANIA AVENUE STE 1
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VICE - PRESIDENT
NAME RUFINO D. MACIAS ☐ Delete
STREET ADDRESS 10911 ARCHDALE CT
CITY-ST-ZIP TAMPA FL 33624

TITLE TREASURER
NAME LUISA DUMANI ☐ Delete
STREET ADDRESS 901 PENNSYLVANIA AVE STE 1
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SECRETARY
NAME MARIA HERRERA ☐ Delete
STREET ADDRESS 10911 ARCHDALE CT
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 300078994623
STREET ADDRESS 08/22/06--01032--006 **\$1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Humberto Macias HUMBERTO MACIAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/06
Date

305 4416365
Daytime Phone #