


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90371 006 ***150.00

DOCUMENT # P02000085754 1. Entity Name FLOSAN CORPORATION	
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Principal Place of Business 199 SW 12TH AVE., SUITE 11 MIAMI, FL 33130-1056	Mailing Address 199 SW 12TH AVE., SUITE 11 MIAMI, FL 33130-1056
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1841298	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OYARCE, JORGE E 199 SW 12TH AVE., SUITE 11 MIAMI, FL 33130-1056
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**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OYARCE, JORGE E 8615 NW 8TH ST., #219 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CASIELLES, PATRICIA E 8615 NW 8TH ST., #219 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUNSTER, CLAUDIO 8615 NW 8TH ST., #219 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **4/27/06** **24-2248**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #