2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P02000119530 1. Entity Name MIGDEL'S SERVICES, CORP. Principal Place of Business Mailing Address 5626 W 17TH LANE 5626 W 17TH LANE HIALEAH, FL 33012 HIALEAH, FL 33012 04252006 No Cha-P CR2F034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3661764 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CASTRO, MIGDEL DO NOT WRITE 5626 W 17TH LANE HIALEAH, FL 33012 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. DATE (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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS नगा CASTRO, MIGDEL NAME STREET ADDRESS 1759 W 56 TERR HIALEAH, FL 33012 CITY-ST-ZIP TITLE U00000541004 NAME 05/10/06-80039-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 cath; 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.

TITLE NAME STREET ADDRESS COTY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR