2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

TURE AND TYPED OR PHINTED NAME OF SIGN

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P02000134206 1. Entity Name 04-13-2006 90557 001 *****9.00 ROOSTER TREE EXPRESS CORP. 04-13-2006 90557 002 ***150.00 04-13-2006 90557 003 *****5.00 Principal Place of Business Mailing Address 5412 D'ORSAY STREET SARASOTA FL 34232 5412 D'ORSAY STREET SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 50-0008171 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maxtin MANDUJANO, MARTIN Street Address (P.O. Box Number is Not Acceptable 5412 D'ORSAY STREET SARASOTA FL 34232 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME MANDUJANO, MARTIN NAME STREET ADDRESS 5412 D'ÖRSAY STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP VP ☐ Delete Change ☐ Addition MANDUJANO, LILIANA STREET ADDRESS 5412 D'ORSAY STREET STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MANDUJANO LILIANA_ NAME STREET ADDRESS STREET ADDRESS 5412 D'ORSAY STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 addises, with all other like empowered.

FILED

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