2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 30, 2006 08:00 AM **DOCUMENT # P03000007142 Secretary of State** CARRAL'S CORPORATION Principal Place of Business Mailing Address 1501 BISCAYNE BOULEVARD 1501 BISCAYNE BOULEVARD MIAMI, FL 33132 MIAMI, FL 33134 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 75-3165117 \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LUBIN, MICHAEL H DO NOT WRITE 12865 WEST DIXIE HIGHWAY NORTH MIAMI, FL 33161 IN THIS SPACE 3. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) . Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS P/D TITLE NAME RUIZ, MIGUEL STREET ADDRESS 1501 BISCAYNE BOULEVARD Unanan486078 CITY-ST-ZIP MIAMI, FL 33132 04/13/06-80022-011 150.00 SID TITLE DIAZ, JORGE NAME 1501 BISCAYNE BOULEVARD STREET ADDRESS MIAMI, FL 33132 CHY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not quality 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 outri, 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 pither like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06

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Davime Phone #

FILED