## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 8:00 am Secretary of State

106 305/5590069

DOCUMENT # P03000010826								04-26-2006 90224 039 ***150.00				
1. Entity Nam PRODUC		CAS OSCAR SAM	MANA	A, INC.								
Principal Place of Business				Mailing Address								
11002 SW 3 STREET MIAMI, FL 33174				11002 SW 3 STREET Miami, FL 33174				5001 <u>64</u> 86				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01182006	Chg-P	CR2E	034 (11/05)	•
City & State				City & State				4. FEI Numb				pplied For
Zip Country			Zip	try			of Status Desired		\$8.75 Ad Fee Require	ditional		
6. Name and Address of Current R				tered Agent			7. Name and Address of New Registered Agent					
SANTANA			Name	-1-1								
11002 SW 3 STREET MIAMI, FL 33124							aaress (	P.O. Box Numb	er is Not Acceptable	<del></del>		
						City		······		FI	Zip Cox	ie
8. The above	named entit	y submits this statemen	t for the p	ourpose of changing its	registere	I. ed office o	r register	ed agent, or bo	th, in the State of Flo		- 1	, and accept
-		g										
SIGNATURE_	Signature, typed	or printed name of registered ag	ent and title	il applicable. (NOTE	E: Registere	d Agent signat	ure required	when reinstating)		DATE		<del>-</del>
		FEE IS \$150.00 6 Fee will be \$55	0.00	9. Election Campai Trust Fund Cont	-	ncing		00 May Be ed to Fees				·
10.		OFFICERS AI	ND DIRE	CTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	IS IN 11
TITLE NAME	PDT	A, OSCAR		☐ Delete	TITLE						Change	Addition
STREET ADDRESS	11002 SV	3 STREET			STRE	ET ADDRESS						
CITY-S1-ZIP	MIAMI, FI				-	-\$T-ZIP	ļ					
TITLE NAME	Ī	EZ, CLAUDIA		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	I	/ 3 STREET				ET ADDRESS						
CITY-ST-ZIP	MIAMI, FI	_ 33174				-ST-ZiP	VP		_			Ber'
TITLE NAME				☐ Delete	TITLE		San	tana De	Vado, Pin	a An	Change	Addition
STREET ADORESS						ET ADDRESS	1100	OF SW	Vado, Dina 3 street	,,,	70,00	
CITY-ST-ZIP					-	-ST-ZIP	Nic	imi, F(	33174			
TITLE NAME				☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS						ET ADORESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE NAME				☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE		- <del></del>		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS					NAMI STRE	e Et adoress						
CITY-ST-ZIP		_				-ST-ZIP						
12. I hereby of indicated of the corchanged.	certify that the on this reportion or the poration or the	e information supplied v rt or supplemental repo ne receiver or trustee er achment with an addres	with this f rt is true a nowere	iling does not qualify fo and accurate and that n do execute this report I other like empowered	or the exe ny signat as requi	emptions of ture shall have by Cha	ontained ave the s apter 607	in Chapter 119 same legal effec , Florida Statute	9. Florida Statutes. I ot as if made under es; and that my name	further ce oath; that I e appears	rtify that the am an office in Block 10 c	information r or director or Block 11 if