

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90026 019 \*\*\*150.00

<b>DOCUMENT # P03000020591</b>					
<b>1. Entity Name</b> FLAGAMI III, INC.					
<b>Principal Place of Business</b> 11870 SW 4TH STREET MIAMI, FL 33175-3532			<b>Mailing Address</b> 11870 SW 4TH STREET MIAMI, FL 33175-3532		
<b>2. Principal Place of Business</b> 11870 SW 40TH ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11870 SW 40TH ST Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 06-1703343	
<b>Zip</b> 33175-3532		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LOPEZ, ASIS MR. 11870 SW 4TH STREET MIAMI, FL 33175-3532				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 11870 SW 40TH ST City MIAMI FL Zip Code 33175	
<b>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.</b> SIGNATURE: <i>Asis L. Lopez</i> ASIS L. LOPEZ Pres. 3-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PSD NAME LOPEZ, ASIS <input type="checkbox"/> Delete STREET ADDRESS 11870 SW 4TH STREET CITY-ST-ZIP MIAMI, FL 331753532			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 11870 SW 40TH STREET CITY-ST-ZIP MIAMI FL 33175-3532		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Asis L. Lopez</i> ASIS L. LOPEZ Pres 3-13-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03012006 Chg-P CR2E034 (11/05)

(786) 295-8754