2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044164

City-St-Zip:

DAVIE, FL 33325

Entity Name: OGANDO ASSOCIATES, INC.

FILED Apr 30, 2006 Secretary of State

Littly Na	IIIe. OGANDO	ASSOCIATES, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
1802 N. UNIVERSITY DRIVE					
188 PLANTATION, FL 33322					
	lailing Addres		New Mailing Address		
Ourrent N	ianing Addres		New Maining Address	•	
1802 N UNIVERSITY DRIVE 188					
	ION, FL 33322	!			
FEI Number: 90-0080679 FEI Number Applied For () FEI		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MARTINEZ, JULIO E 450 NE 130 STREET MIAMI, FL 33161 US			1802 N UNIVERSITY D #188	OGANDO, MONIKAH J 1802 N UNIVERSITY DRIVE #188 FORT LAUDERDALE, FL 33322 US	
The above in the State	e named entity : e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MONIKAH OGANDO				04/30/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OGANDO, MON	RSITY DRIVE #188	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	V () OGANDO, RAF 19 BARTLETT : HAVERHILL, M	ST.	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name:	S () OGANDO, KATI 1164 SW 118 I		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MONIKAH OGANDO P 04/30/2006