

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046015

Entity Name: FS UNIT 3207, INC.

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

% EXPLANDA #1315
COLONIA LOMAS DE CGAPULTEPEC
MEXICO MEDIXO D.F. CP 11000, MX XX

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 98-0412255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE ANGOITIA NORIEGA, ALFONSO
Address: COLONIA LOMAS DE CHAPULTEPEC
City-St-Zip: MEXICO MEDIXO D.F. CP 11000, MX

Title: STD () Delete
Name: FOLCH, J
Address: QUIROGA NO.212 PISO
City-St-Zip: PENA BLANCA SANTA FE 01210, MX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: J FOLCH

D

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date