2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90035 013 ***150.00

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1. Entity Nam-	MENT # P03000048 EHOUSE CORP.	743				01-23-2006	6 900 35 0	13 ***150.	00		
Principal Place	e of Business	Mailing Address									
		1450 MADRUGA AVENUE									
SUITE 303		SUITE 303									
_	ES, FL 33146	CORAL GABLES, FL 3314	6								
2. Principal P	lace of Business	3. Mailing Address									
1500 San Remo Avenue		1500 San Remo Avenue			1 1885/881 (11	48124 11111 48111 48111		ISSU COM BIRDON IN	488; II 1881		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E	034 (11/05)			
Suite	410	Suite 410				————					
City & State	9	City & State			4. FEI Numbe			Ap	plied For		
	Gables, Florida	Coral Gables, Florid			05-057	<u>0186</u>		No	t Applicable		
Zip	Country	1 '	Country		5. Certificate	of Status Desire	đ 🗆	\$8.75 Add			
33146	USA	33146	USA					Fee Required	1		
	6. Name and Address of Current F	Registered Agent		<u>'</u>	7. Name and	Address of Nev	w Registered	Agent			
			Name								
EBIN, LINE	KELL BAY DRIVE		Street Ac	dress (P.O. Box Numb	er is Not Accepta	abie)				
SUITE 164			0								
	33131-2920										
19737 (1911, 1 C	00107 2020		<u> </u>					T 7: 0 4			
			City				F	L Zip Code	€		
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.											
and designation of taggetts and agonts.											
SIGNATURE											
SIGNATURE_							· · · · · · · · · · · · · · · · · · ·				
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signatu	re required	when reinstating)		DATE				
							DATE				
FILI	E NOW!!! FEE IS \$150.00	9. Election Campaign	Financing	\$5.	when reinstating) 00 May Be ed to Fees		DATE				
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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 eath; 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.

SIGNATURE:	anish	Eusenia Cosculluela Tr	1/18/06	305-662-6840
	SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #