2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064477

Entity Name: PROMENADE SERVICES, INC.

FILED Apr 26, 2006 Secretary of State

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|---|--|--------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | ST. AVENUE JDERDALE, F | L 33301 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 2637 EAST ATLANTIC BLVD. | | | | | |
| #160 POMPAN | O BEACH, FL | 33062 | | | |
| FEI Number | : 90-0099875 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| JOLIE, IDA 10120 SW DAVIE, FL | / 15TH PLACE | | | | |
| | e named entity e of Florida. | submits this statement for the | e purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electror | nic Signature of Registered A | gent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP (SALDIAS, CAR 2132 NE 68 ST FT LAUDERDA | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | HIERS, ANA MA | AVE STE SUITE 11-K | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS (SALDIAS, GUS 249 SE 1ST. TI MIAMI BEACH, | ERRACE | Title: Name: Address: City-St-Zip: | () 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.

SIGNATURE: CARLOS SALDIAS DP 04/26/2006