2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 24, 2006 8:00 am Secretary of State DOCUMENT # P03000086903 07-24-2006 90011 001 *****8.75 07-24-2006 90011 002 ***150.00 1. Entity Name EL GUAJIRO CORP. Principal Place of Business Mailing Address 66022134 12705 NW 42 AVENUE 825 E 52ND STREET MIAMI, FL 33054 HIALEAH, FL 33013 2. Principal Place of Susiness 3. Mailing Address W 27 AVE Suite, Apt. #, etc. CR2E034 (11/05) 07192006 Cha-P City & State Applied For 4. FEI Number 90-0103128 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired MEARC-DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, MIGUEL J Street Address (P.O. Box Number is Not Acceptable) 9701 SW 15 STREET MIAMI, FL 33174 City Zip Code 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition FERNANDEZ, MIGUEL J NAME NAME 6485 Wa7 Ave #42-22 STREET ADDRESS 825 E 52ND STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP MAKEK, CI 33016 TITLE MLE Change ★ Addition ☐ Delete AllALET PEREZ NAME NAME 6485 W 27 AUG #42-22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oute

Daytime Phone #

FILED

ATTACHMENT # 66022134

July 19, 2006

Florida Department of State Division of Corporation PO Box 1500

Tallahassee, FL 32302-1500

Re: P03000086903

To Whom It May Concern:

Enclosed please find a check in the amount of \$150.00, which represents annual report filing fees for the attached Corporation. Please be aware that this Annual report was filed on time; however, it was rejected, for signature, and because the payment was not found with the application. We called the department of State, and we where told to send a new Annual Report along with the filing fees in the amount of \$150.00, and a letter explaining the reason for the late filing.

Thank you in advance for your cooperation in this matter. Should you have any questions, please feel free to contact our accountant, Mr. Jorge Salas, PhD. At (305) 772-4566.

Sincerely,

Miguel Fernandez,

President