2006 FOR PROFIT CORPORATION

May 05, 2006 8:00 am Secretary of State ANNUAL REPORT 05-05-2006 90167 033 ***150 00 DOCUMENT # P03000086904 C&A DEL SUR ENTERPRISES, INC. Principal Place of Business Mailing Address 100 KINGS POINT DR 100 KINGS POINT DR APT. #617 APT. #617 NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address 6523 NW 170 LANE 6523 NW 170 LANE Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For £ FL MIAM LAKES MIAMI LAKES 20-0143455 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33015 33015 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETITFOUR, CARLOS E SR Street Address (P.O. Box Number is Not Acceptable) 100 KINGS POINT DR **APT 617** NORTH MIAMI BEACH, FL 33160 6523 NW 170 LANE Zip Code 33015 MIAMI LAKES is 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 8. The above named entity sub the obligations of registered CARLOS É. PETITFOUR, PRESIDENT 2/21/06 SIGNATURE_ registered agent and title if applicable. Signature, typed or pict (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE X Change ____ Addition PETITFOUR, CARLOS E SR NAME NAME 6523 NW 170 LANE 100 KINGS POINT DR. APT 617 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33015 NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusteelempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with

SIGNATURE:

TYPEL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

CARLOS E. PETIT FOUR, PRESIDENT

(182) 443-0726

FILED